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ORIGINAL ARTICLES

TREATMENT OF A FRACTURE OF THE SHAFT OF THE FEMUR BY COMBINED PLASTER OF PARIS AND LIGHT IRON SPLINTS.*

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Much time, thought and ingenuity have been spent in an endeavor to render a person with a fracture of the shaft of the femur as comfortable as possible during the process of repair, and to prevent as far as possible the practically inevitable shortening which occurs in these cases.

In spite of these efforts the results usually obtained are a reproach to our profession as to ultimate results, and our patients have more discomforts and confinement to bed than they should have. Till these are overcome to a greater degree than they have been so far, it is a subject well worthy of our consideration. As a contribution toward that end I present for your consideration a method of treatment by the combined use of plaster of Paris and light iron splints.

The method has all the immobilizing properties of the ordinary plaster of Paris and the extension of the long Hamilton without its cumbersomeness and permits the patients to lie on the injured side if they so desire. As you are surgeons of experience, I will not speak of the symptoms, of the displacement of the broken ends of the shaft, but will at once show you the method of application, and let you judge as to its merits.

The splints are long, flexible ones, made of galvanized iron, one and one-half inches wide, and sufficiently long to reach from the waist line

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to a little below the external malleolus. The upper end has some loops of a like material only half as wide bradded to the upper end (outside) three or four inches apart. One-third of the lower is perforated with nail holes. The object of the loops is for the purpose of the counter-extension. The holes are made so that the plaster of Paris will become incorporated into them to keep from slipping. A shorter one of like width and sufficiently long to reach from near the perineum to the inner malleolus constitutes the splints.

A strip of ordinary saddle leather I use on the perineal side of the thigh.

A strip of adhesive plaster two inches wide and two and one-half feet long, to be used on the outer side of leg for the purpose of assisting in the extension. Cotton batting, plaster of Paris bandages and few gauze roller bandages constitute the equipment.

The leg of the same side as the injured thigh is well cleansed and the hairs on the outer side from the knee to the malleolus are shaved off. The adhesive strip is laid on the leg from the knee down and should be long enough to reach five or six inches below the foot, a very thin layer of cotton applied over them, then a roll of plaster of Paris tightly rolled from the malleolus up to the knee. Then the long splint is laid on the outer side of the leg reaching from near the sole of the foot to the waist line. The adhesive plaster is now turned up over the end of the iron splint to the outer side and should reach up five or six inches.

The plaster of Paris bandages are then applied over the adhesive and iron splint in sufficient amount to make it firm, over which a layer of gauze bandage is applied. Let all this set well before proceeding.

The inner iron splint should be incorporated in the plaster at the same time the outer is applied. The iron splints are now bent down out of the way and the thigh is covered with cotton batting. If it is a fresh fracture, a very liberal supply of cotton batting should be used to allow for swelling, and if an older case, say eight or ten days, less batting should be used.

The leather being wet and rendered soft and pliable is now laid on the inner side of the thigh reaching half way up the front and a like distance behind, resting against the perineal region above.

The object of this leather is to provide for a more uniform distribution of pressure than you can otherwise obtain. The extension is now applied sufficient to overcome the shortening.

The splints (iron) are now turned up parallel with the thigh and body and your plaster of Paris bandages applied over them, covering the thigh just as if no splints were being used, and when the upper part of the thigh is reached the turns of the bandages should be passed over the loops on the outer side of the thigh near the upper end of the splint and should be drawn quite taut, as here is where we get the counter-extension.

Finally, around the waist and thigh, is a spica bandage; also around the hip and abdomen, a gauze bandage should have previously been placed.

Such, in brief, is the method of application. Now for the benefits as I have found them.

1. *Easily Obtainable.* Wherever there is a tinshop, one can be made in fifteen minutes.

2. *Cheapness.* Fifty cents being a good price to pay for one.

3. *Immobilization.* The plaster of Paris has for years been the best we possessed for that purpose, but from this alone no extension can be obtained. In this we have the immobilizing by the plaster of Paris.

4. *Extension.* In this we have an ideal form of extension, for we get our counter-extension from the hip bones—nature's mode. This extension can be increased without disturbing the dressings by means of bandages applied over the plaster and splints and around the loops.

5. *Lightness.* As the splints are light but strong, we need not use as much plaster of Paris as when they are not used.

6. *Promptness,* with which a permanent dressing can be applied. The splints can be bent up bow-shaped to allow for the utmost swelling, and yet not impair their extension properties.

7. *Time.* Less in bed than from any other method that I have seen.

8. *Ease of Application.* Every surgeon is not an adept in the use of plaster of Paris, but any one that is can successfully apply this bandage.

9. *Comfort.* By the use of this apparatus, if I may so term it, there is a minimum amount of discomfort, for the immobilization is as near perfect as we can make it. The extension is uniform and is not interfered with by changes in position of the patient, hence the patient may be placed in any position consistent with an extended leg and thigh.

DISCUSSION.

Dr. John D. Seba, Bland: In regard to fractures in general, I will say that the treatment is undergoing a great change; we used to put up fractures and then not look after them for three weeks, but we have found that is not the best method. If we put up a fracture, it should be done so as to allow of examination every week or ten days, and then we will know just what is going on, and if the bones are not in good apposition, we are able to put them in apposition. We now have less fear of slipping and over-riding of the bony structure; early massage is a most excellent treatment, if the fracture is near a joint; early passive motion of the joint is also to be highly recommended. If you have an appliance that has served you well, and that you know how to handle, it is best to stick to it and not take up with every new-fangled thing that is invented; but if your cases have not been entirely satisfactory to you, then you had better look for something new. All splints have excellent points in their

favor, and when bad results are obtained it very often is not the fault of the splint; it might be the fault of the patient, or possibly, the unskillfulness of the surgeon. We all need dexterity in applying ourselves to the needs of our profession; a good workman can do fairly good work with poor tools, whereas a poor workman cannot do good work with excellent tools.

DR. DEFFENBAUGH (in closing): I object to this apparatus being called a splint. It is hardly worthy that. Likewise, if I had a fracture of the femur, I would object to someone taking the dressing off every day. Practically, the only means by which we can control fracture of the femur is by immobilization. The more it is moved the greater will be the amount of inflammatory exudate. What commends this apparatus to me is the ease with which it can be applied. It can be applied as easily as plaster of Paris. It has an extension which cannot be anything else than an extension, because it cannot become displaced. If you get the limb in position, it will have to stay in position. Every time you remove a dressing you increase the risk of irritation. With this apparatus, in a very few days the patient can be up and about, use crutches, and walk by that means.

FIBROID TUMORS OF THE UTERUS COMPLICATED WITH PREGNANCY.*

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If viewed from the standpoint of the surgeon, the above caption seems the more applicable. If viewed from the standpoint of the obstetrician, "Pregnancy complicated with fibroid tumors" would probably be a better title. Thus the condition presented interests the surgeon and the obstetrician alike.

Of so great an interest is the subject that to-day early surgical intervention in all fibroid growths of the uterus, no matter to what size the tumor has grown, is advocated.

The liability of these so-called benign growths becoming malignant has been the chief reason assigned by the radical surgeons for operative intervention. The coexistence of benignancy with malignancy has been the grain of sand that has turned the balance in the favor of surgical intervention, and the question as to whether malignancy is the sequence of a former benign condition or that the two exist coincidentally, and are not independent, remains so far *sub judice*. Careful work on the part of the pathologists has revealed elements of malignancy in uterine fibroids of pronounced macroscopical appearance and has influenced the surgical treatment toward removal of the tumors.

The three cardinal reasons for the removal of these tumors are:

(a) Rapidity of growth, indicative of beginning malignancy. (b) Menorrhagia, wherein lies the danger from the excessive loss of blood. (c) Interference of the functions of other organs by pressure.

As a proof of the unsettled question as to the time when uterine fibroids should be operated upon, I will say that this was vigorously discussed in the section on Obstetrics and Gynecology at the last meeting of the American Medical Association at Atlantic City, last year, and was far from being settled when the session adjourned.

Personally I have been inclined to postpone operative measures in women with uterine fibroids till one or more of the so-called cardinal symptoms became pronounced. I am now constrained to believe that possibly early surgical interference is more rational. I am led to this also by the possibility of pregnancy in the fibroid uterus as well as by the liability of cancer from degenerative changes that may at any time take place.

It is now fairly understood that the uterus that carries a fibroid is not apt to become pregnant, and further, that the fibroid uterus when

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once impregnated is apt to abort; at the same time we do know that many pregnant women go to full term and are delivered, but this may be counted as an exception to the rule.

The causative factor, sterility, is, of course, in the majority of instances, mechanical; a distorted cervical or uterine canal, so also, the causative factor in abortions, is mechanical. The natural contractions and expansions of the uterus are interfered with, and the normal cavity is encroached upon by the neoplasm. When once those conditions present, there is a strong probability of abortion, more or less incomplete, offering more than usual obstacles to a perfect delivery.

The history of the case is as follows:

Mrs. A. F., age 35 years; mother of one child now 10 years old. Patient became pregnant about the first week of September. The usual nausea was present to a slight degree for three weeks and the absence of the menstrual flow aroused her suspicions as to the possibility of her being pregnant. Prior to this time and for the past three years the patient has experienced a marked menorrhagia and received the usual medicinal treatment. About the middle of last July she consulted Dr. H. A. P. who made an examination and made the diagnosis of enlargement of the uterus, supposedly due to inflammation or engorgement.

After passing the 6th week without menstruating, the patient came to St. Louis on a shopping expedition and while standing at a counter in one of our department stores had a sudden gush of blood from the vagina, which caused her considerable alarm, but after resting on a couch for a time was able to go to her home, a distance of 40 miles by rail. The hemorrhage ceased after the next day, and the day following this she was brought to my office by her physician, and I made an examination. At this time I found a slightly offensive discharge from the uterus, and on bimanual examination I could feel quite a large mass. Posteriorly it was soft to the touch, while anteriorly it was quite hard. I suspected pregnancy, but was in doubt between this condition and a sloughing fibroid. However, I advised an operation, to which the patient would not consent. She returned home that day, but after three or four days concluded to come to the hospital, where she was kept under close observation for several days before I operated. The operation, of supravaginal hysterectomy, was performed Oct. 19th. The uterus contained a fibroid tumor, and on being opened contained a dead fetus with membranes. Nearly the entire uterine cavity is taken up by the pressure of the tumor. It can be seen what difficulty the uterus would have encountered in the expulsion of the fetus and the decidua.

In the study of the case, the following points present themselves for discussion:

1. With our present knowledge, should we or should we not operate on all uterine fibroids as soon as possible?

2. What course should we pursue in cases of fibroid complicating pregnancy or in cases, if you choose, of pregnancy followed by incomplete abortion, such as we have in this case?

Before closing I will state that I have witnessed several myomectomies of pregnant uteri during the past summer by surgeons of more or less renown in this country.

DISCUSSION.

Dr. C. Lester Hall, Kansas City: I am convinced that we have in the past taken too many risks in not interfering where we have fibroids complicating pregnancy. I think the question of whether or not we should operate is answered in the affirmative without question, and I think the operation should be done. The dangers of twisted pedicle, as we have seen, demand interference.

PROPHYLAXIS OF INSANITY.*

By Wilse Robinson, M. D., Superintendent State Hospital for Insane, Nevada, Mo.

There are many, even among physicians, who are fatalists in their views on insanity. They claim to believe that a certain proportion of humanity is predisposed to insanity and will inevitably become insane some time, and there is no use trying to prevent them from doing so. I cannot accept this view of the subject any more than those who are doing such valuable work along the lines of preventing tuberculosis developing in those predisposed to that disease would be willing to adopt a do-nothing policy on the theory that as they are so predisposed they will have it anyway, so it is a useless waste of labor to try to prevent their having it.

It is true we do not know as much about the normal or perverted brain function as we do of the lungs, nor do we know as much about the physiology and pathology of insanity as we do of tuberculosis. I believe there are some insurmountable obstacles in the way of us reaching the goal of complete and thorough knowledge of this subject; we soon reach that stage in our investigations where we must supplement knowledge with belief and demonstration must give way to speculation. We do know that in the so-called insane we have in some manner a perverted brain function. This perversion and disturbance of function involves chiefly those neurones which form the so-called cerebral cortex.

According to function the cerebral cortex is divided into three separate areas. These are motor and sensory projection areas,—intermediate or memory areas, and the association areas. These areas are all very thoroughly connected by the long and short association neurones, the axones of which form many association tracts, and when these areas and tracts are normal in structure and function there is an harmonious interaction between all the areas.

There are several different views concerning the relations of thought and other psychic phenomena to brain functions. The two most generally accepted theories are the so-called materialistic and dualistic. Those who accept the materialistic theory believe that man is a monist, that all psychic phenomena are founded upon the material structure of the nerve cell, and that the chemical energy of the cell metabolism is without the aid of any extraneous power transformed into thought energy. They believe thought is a productive function of the brain.

According to the dualistic theory man is dual in his nature, having a physical reality and a spiritual reality; during the life of his physical

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body his mind and brain are inseparably united by some power, and brain function is necessary for the mind to be able to perceive and manifest itself to other conscious realities.

Materialism says the visual perception area sees things, the auditory perception area hears things, the olfactory projection area smells things, the motor projection areas stimulate muscles to contraction, the secretory projection areas stimulate secretion, the intermediate projection areas remember things, the association areas think things, etc.

According to the dualistic theory, when the visual projection area is stimulated, the mind sees things, and when the auditory, gustatory, olfactory, and tactile projection areas are stimulated, the mind hears, tastes, smells and feels things. When the intermediate or memory areas are stimulated, the mind remembers things, and when the association areas are stimulated, the mind thinks things.

The dualists agree that thought is a function of the brain, but they believe it to be a transmissive instead of a productive function.

When the cortical areas are all normal in structure and function and we get an harmonious inter-action of them, we speak of a normal mind. The mind is normal in its manifestations because it is able with the normal brain to correctly perceive the various impressions that are brought to the brain by centripetal neurones from peripheral sense organs, the percepts can be properly synthetized into concepts, and the mind can in a normal manner transmit its thought through the brain and manifest itself to other conscious realities.

The most simple thought processes involve a very complex brain action, and for all normal phenomena of consciousness it is necessary that there be a normal inter-action of practically all the cortical areas. It is a very easy matter for the thought processes to be perverted, and such perversion may be of various degrees, and is dependent upon very many abnormal conditions of one or more cortical areas.

Based upon the various degrees of perversion of thought processes, several theories have been advanced concerning the sanity and insanity of man.

First, we have the very simple theory accepted by the world at large and by some physicians, namely, the so-called two-block theory. This theory makes a simple division of mankind into two parts, the sane and the insane. This is a very convenient theory for lawyers, judges and juries. They would like to impose it upon physicians and compel them to answer yes or no to the question, "Is the accused sane or insane, responsible or not for the crime?" Those who accept this theory would put a fence around the insane hospitals and say all inside are insane, all outside sane; like saying all those inside the cemetery are dead, and all those outside the cemetery are living.

Another theory which is held by many physicians and scientists is the so-called one-block theory. This theory assumes that everybody is insane in a different degree. According to it there is a continuous

gradation from the most intelligent to the least intelligent. Hericourt says, "We all of us show some defect, some anomalies and some weak points." Parrot says, "Wait! Look around you on all your little company! Do you not believe that all your comrades are more or less cracked? Think of the slight knocks that would break their reason completely and make them totally insane. It is only a question of degree!" Of these two theories, the latter is the better. The former, or two-block theory, that would divide the sane sheep from the insane goats, build a stone wall between, place all of humanity on one side or the other, and leave a few holes through which an occasional sheep can pass over to join the goats, and a goat can now and then pass over to join the sheep, is wrong in principle, and is not consistent with the facts.

The one-block theory that would have all of humanity insane in varying degrees is also wrong. It is true insanity is a relative term, and varies much in degree in those affected, but there are a very large number of people that are unquestionably sane. There is no lack of harmony between the various portions of their nervous system; there is a good interaction between the cortical brain areas, and the mind is able to properly perceive with its perception mechanism, and transmit thought by its transmissive mechanism.

There is also a very large intermediate class who are of the order of the lucid semi-insane, or, as Grasset classes them, the demi-fous. These patients have what is called reasoning mania. Many of them are lucid, logical, oftentimes vivacious, fluent speakers, brilliant writers, good musicians, successful business and professional men. They do not appear insane because they can express themselves lucidly. They are insane in their actions rather than in their words. They have good powers of attention, and even in their delusions are lucid. Guislain says that many of them are able to disarm the most solid logicians.

Trelat placed in the class of semi-insane some of the high-grade imbeciles and feeble-minded, those with good memory, good powers of attention and considerable ability to learn. In this class are many young people who are proper in their deportment, elegant in their clothing, but so lacking in intelligence as to render them irresponsible for their actions.

Satyriasists and nymphomaniacs who have an abnormal passion for any member of the opposite sex, are semi-insane. In this same class are the erotomaniacs who usually have a consuming passion for but one other person. The very jealous man or woman is semi-insane. "They neither enjoy nor let any one else enjoy any tranquility. They take everything in the wrong way, twist all facts, accuse people of wrong intentions, compromise the absent and end up, by virtue of their quarreling, by becoming odious."

Another class of semi-insane are the dipsomaniacs. They differ in their habits from drunkards. The drunkard drinks to excess whenever he has a supply to drink, while the dipsomaniac gets drunk whenever the impulse to do so comes on.

Chronic evil-doers are classed as semi-insane, as are kleptomaniacs, suicides and the inert.

Patients with lucid mania are semi-insane and are frequently committed to hospitals on the theory that they are insane. Their maniacal outbursts have some analogy to attacks of rage. They are lucid in their attacks and there are no symptoms between attacks.

Another not unusual class are the spendthrifts and adventurous characters; also the conceited and boastful. This latter class of patients care for nobody, they are incapable of gratitude, of devotion or real regret. They have only one thought and one motive, their own personality and pride.

Monomaniacs are only partially insane, and are in good mental condition in all respects and on all subjects but the one. Even in their delusions they are lucid and logical.

The above mentioned classes include the more common of the so-called semi-insane. They show certain very characteristic symptoms. These symptoms are manifested by three distinct groups. Some patients confined in hospitals show these characteristic symptoms and are not insane in so far as the major portion of their psychic activity is concerned, and their delusions are frequently only discovered by a long series of investigations.

Another considerable class that show symptoms of semi-insanity are many patients who have been in insane hospitals, discharged as restored, and fear a relapse.

The third and most important group of the semi-insane are those who have never been wholly insane, who manifest the mental characteristics of the semi-insane throughout life. The symptoms of the semi-insane do not differ in quality but only in quantity from many of the symptoms observed in the insane.

The following are some of the more common symptoms of the semi-insane: Illusions and hallucinations of one or more senses; obsessions, usually divided into phobias and ideative obsessions; delusions of culpability, persecution, grandeur, defense, hypocondriacal, negation, heinous, religious, erotic. Impulsions are quite commonly observed in the semi-insane. These impulsions, according to Regis, are impulsions to tics, gestures and words; to actions ridiculous and clownish, stupid and extravagant, coarse and repugnant, erotic, incendiary, of appropriation and theft; to actions of violence against others and impulsions to become intoxicated. Other symptoms of semi-insanity are aboulias and paraboulias, or weakness of the will, disturbances of sensibility, disturbances of personality, and the idea of the ego; disturbances of the social psychism, and disturbances of the sexual and family psychism.

Semi-insanity occasionally occurs in the course of the following mental disorders: Chronic mania, melancholia, mental confusion, progressive systematized psychoses, degeneracies, epilepsy, hysteria, neurasthenia and psychasthenia.

The semi-insane are not all harmful and useless members of society, but on the contrary many of them have been of much social value and have exercised a marked influence upon the literary and artistic progress of their century.,

In addition to the considerable number of persons who could be classed as semi-insane, about one person in every 250 or 300 are insane, and the number is increasing at an alarming rate not only in our own land, but in every other civilized land.

The insane patient differs in a considerable degree from the sane person and in a less degree from the semi-insane. This difference is noted in the actions, illogical and confused ideas, incoherent and disconnected conversation, perversion of sense impressions, disturbances of memory, etc.

The insane patient is not a useful member of society, but he is usually a menace to the public, and a source of much worry and trouble to his friends. As stated above, I do not agree with those who are disposed to accept an increase of insanity as one of the necessary evils of our civilization, but I believe that at least 50 per cent of those who annually become insane could be prevented from losing their reason by proper care and treatment. To do this we must have a more thorough and general knowledge of the nature and causes of insanity.

We must recognize the fact that it is a physicial disability and is dependent upon physical causes for its development. It may be very diverse in its manifestations. In one patient there may be such a loss of energy that a will-less condition exists; in others there may be such a perversion of the moral nature that the term moral insanity is justified; in some the judgment is chiefly affected.

Age has considerable influence upon the character of the insanity. The insanity of development usually ends in arrest of mental development with a resulting idiocy or imbecility. The insanity of adolescence is more severe than that among children with a similar danger of arrested mental development but with a better prognosis.

The greatest number of insane patients are found in the period of maturity. This is the period of greatest stress. It is the period of work, ambition, disappointment and the uncurbed exercise of the largest number of the faculties of mind and body.

Following the period of maturity we have the period of decay. During this period we see manifested many forms of nervous death, some being rapidly destructive and others leading slowly to euthanasia.

At these different ages various causes operate in producing the insanity. At all ages predisposition is an important factor. This predisposition consists of an inherited or acquired defect of development. A quite common defect is an imperfect development of the circulatory system of the brain. If the arteries are defective the result is an inadequate supply of nutrient material to the neurones during activity; if the veins or lymphatics are defective, there is an imperfect removal

of waste products from the brain with a resulting poisoning of the neurones. Another hereditary defect is an abnormal connection of the neurones of different areas, or a bad connection of the cortical areas with the peripheral nervous mechanism. A quite common hereditary defect is a condition of the neurones, chiefly of the cortex, by which they are unable to transform the chemical energy of food compounds into nerve energy or to discharge the nerve energy after it is liberated with sufficient rapidity. Then, too, certain defects of general body or special metabolism are inherited. The organs, such as the thymus, which synthetize the chemical compounds used by the neurones in liberating nerve energy and building up the waste, may be imperfect in structure and function and the result is an inadequate supply of proper material for the neurones to use during functional activity. Another metabolic defect which is inherited and helps to cause semi-insanity and insanity is an inability of the internal secretions and the tissues to break up the tox-albumins which are formed during proteid metabolism, and as a result of infections and convert them into non-toxic compounds.

A predisposition to insanity is frequently acquired as a result of diseased condition and vicious habits. While there is a predisposing factor present in all insanity, there are also one or more exciting causes present in each and every case.

The exciting causes differ considerably according to age and the form of insanity. In early childhood the exciting causes are infectious diseases, such as scarlet fever and diphtheria, stress and strain at school, fright, inadequate and improper food and toxæmic conditions.

The exciting causes of the insanity of adolescence do not differ to any appreciable degree excepting that the sexual life has considerable influence upon its causation at this particular age. The exciting causes of insanity during puberty are so nurmerous that time will fail me to mention them all. Chief among them are toxæmia and stress.

The toxæmias are divided into exo-intoxications, auto-intoxications and infections. The chief exo-intoxications are alcoholism, saturnism, morphinism and chloralism. The auto-intoxications are chiefly gastrointestinal, genital, hepatic, renal, thyroid, cutaneous, ptuitary, suprarenal, etc. The infections are chiefly typhoid, la grippe, pneumonia, eruptive fevers, erysipelas, cholera, tuberculosis, cancer, syphilis. In practically all cases of insanity we find the hereditary or acquired predisposition, toxemia and stress operating together as etiological factors.

Heredity is such an important factor that I believe very few become insane who have not an hereditary predisposition, and for this reason a long stride in the prevention of insanity will have been taken when marriage is interdicted for those whom experience has taught us are prone to beget insane offspring. These are chiefly the semi-insane, epileptics, chronic alcoholics, hysterical, insane and syphilitics.

The next step in the phophylaxis is the protection of the predisposed child. The physician forms an early acquaintance with the child; and

the parents of all children with physical and psychic stigmata should be warned of the danger to which the predisposed child is subjected by being treated like other children, and when he enters school the teacher should be instructed so that the child may receive the minimum amount of injury with the maximum amount of good from his school training. Such a child should not be rushed or pushed in his book work and should be encouraged to take much outdoor exercise. This outdoor exercise should not be gained by useless wanderings but it is much better if he should be given some useful employment. His food should be ample in quantity and of good quality and he should be carefully guarded against excesses of any sort, especially as regards sexual, alcoholic and excessive fatigue with an inadequate amount of sleep. Undue excitement, such as religious, worry and disappointment frequently result badly during the period of adolescence. The predisposed child should be educated carefully and advised to adopt a vocation that will give him much outdoor work, such as agriculture, rather than a more sedentary occupation.

Predisposition alone will not cause insanity; there must be some exciting cause in operation and usually several exciting causes work together. As mentioned above, some several forms of intoxication act as exciting causes. Of the exo-intoxications alcohol is the chief. It is directly responsible for about 20 per cent of all cases of insanity and is indirectly responsible for about 30 per cent more. Its action in causing insanity is typical of many of the exo-intoxications. It acts when taken to excess by poisoning the nerve cell so that it is unable to use the nutrient material in repairing the waste: it is unable to take care of the stimuli that reach it and cannot, when so poisoned, transform the chemical energy of food into nerve energy for the performance of its functions, and the result is neurone degeneration with various mental disorders. In addition to the action of alcohol upon the neurones it poisons and so interferes with other tissue cells that such organs as the stomach, intestines, liver and kidneys are unable to perform their function and other toxic substances are thrown into and retained in the circulation and act detrimentally upon the neurones and, too, alcohol induces an arterosclerosis of the brain, so that the neurones cannot receive enough blood for their needs.

Syphilis is credited with causing considerable insanity and does seem to be responsible for practically all of the paretic dementias. It is remarkable, however, that while syphilis is quite prevalent among Mohammedans, who do not drink alcohol, paretic dementia is practically unknown. The inference is justly drawn that syphilis alone will seldom cause paresis, but when the syphilitic patient adds alcoholism to his syphilis the two poisons working together cause a degeneration of his neurones. The prophylaxis of all insanity directly or indirectly due to alcohol is to educate the people against its excessive use, prevent the chronic alcoholics from marrying and confine them until dead or cured.

The prophylaxis against other forms of toxic insanity will depend largely upon the forms of toxemia. The manner of preventing insanities from exo-intoxication is to remove the patient from the influence of the toxic substance, put the patient to rest and stimulate elimination.

The auto-intoxications mentioned above are the exciting causes which send many patients annually to insane hospitals. In fact I believe this to be the most frequent cause of any. No one is safe who has an auto-intoxication and every one so afflicted should be most carefully treated. The proper treatment is rest, elimination and diet.

The toxemias from infectious diseases while not such an important factor in causing insanity do quite frequently cause it. Rest, elimination and diet until all evidences of the infection have been removed is the most successful treatment.

Much has been said and written about stress as a cause of insanity. Uncomplicated stress will not cause insanity. There must be present as a contributing factor, a predisposition or toxemia and usually both are present. Hodge has demonstrated that mental and physical labor have a marked influence upon the nerve cells. The Nissl bodies which contain the most easily metabolized food compounds disappear, the cells decrease in size and become irregular in outline, and the nucleus becomes acentric. While the nerve cells are in this condition the blood is loaded with toxic acid fatigue products which decrease its alkilinity and the supply of food available for the neurones has been considerably decreased: as a result of this the threshold stimulus is raised and a sense of fatigue prevails. If conditions are favorable, after a short period of rest the neurones become normal in appearance and irritability, but if the conditions be unfavorable there is only partial recovery during the period of rest.

Among these unfavorable conditions may be mentioned an inherent weakness on the part of the neurones to appropriate to their use food materials and transform their chemical energy into nerve energy, an inadequate synthesis of proper food compounds by the synthetizing organs, such as the thymus, an imperfect cerebral circulation by which an insufficient supply of food is carried to the neurones and the waste products imperfectly removed therefrom.

Other conditions which delay abnormally the reconstruction of the fatigued neurones are a hypo-activity of the eliminating organs with a resulting prolonged retention in the circulation of the acid fatigue products. Toxemias also interfere with the reconstruction of the fatigued neurones.

If for any of these reasons mentioned the neurones are unable to reconstruct themselves rapidly after fatigue, they must resume a functional activity while still in a state of partial fatigue, and add to this the influence of toxemia which interferes with their nutrition, we have a condition present in which they are unable to properly respond to the vast number of stimuli which reach them, and the result is very fre-

quently a destruction of the more stable neurone elements with starvation or degenerative insanity.

Labor that requires excessive fatigue and strain should be interdicted for those with a predisposition to insanity while suffering from any form of toxemia, or while the blood is loaded with acid fatigue compounds.

More recreation and diversion especially for the agricultural class should be advised, as well as a more carefully selected diet. I have observed that at least 90 per cent of all patients, excepting the senile, received at State Hospital No. 3 are poorly nourished, constipated, toxemic, have a hypo-alkilinity of the blood and a scorbutic appearance. Some of them have been in this condition so long that irreparable injury has been done to their neurones and they are doomed to live the rest of their lives at the hospital. By the proper application of the three remedies, rest, elimination and diet a great many of them need not have entered the hospital, and many more of those who do enter could be restored if the family physician would use his influence to have the patient sent to the hospital for treatment as soon as the first symptoms of insanity appear, instead of keeping them at home as long as possible, where they are usually very improperly cared for and nursed by their freinds even though the medical treatment be ever so good. For these patients rest means rest in bed, as any other sick patient should be treated, elimination by continuous hot baths and by all other methods possible should be adopted, and a diet of eggs, milk and a large quantity of fruit juices is indicated. The state should build an institution where those threatened with the curse of insanity can go of their own accord to receive proper preventive treatment. In this manner many lives could be saved to the service of the state that are annually becoming a permanent burden.

Every insane hospital in the state has many patients who are semi-insane and others who are neither semi-insane or insane who should be sent to a prophylactic hospital instead of an insane hospital.

In closing I want to appeal to the physicians of the State to cast aside silly and unscientific prejudices against the insane hospitals and advise the friends of patients to take them to the hospitals for treatment as soon as the first symptoms of insanity appear instead of waiting until they can no longer keep them at home. This system is helping to fill our insane hospitals with hopeless insane. I am aware that the prejudice of the laity and physicians is decreasing but there is still room for improvement.

THE NATIONAL PUBLIC HEALTH MOVEMENT.*

By M. P. Overholser, M. D., Harrisonville, Mo.

In April, 1907, less than two years ago, a committee of 100 was organized to advance the cause of national health. The great purpose of this committee is to create a strong public sentiment in favor of national supervision of public health matters. This committee of 100 is composed of prominent clergymen, lawyers, physicians, educationalists, sanitarians, philanthropists, capitalists, statesmen, and others. Among the names of this committee we find the names of such men as Rev. Lyman Abbott of New York City, prominent clergyman and writer; Rev. Edward E. Hale, Chaplain of the United States Senate; Luther Burbank of Santa Rosa, California, the great horticulturist; Andrew Carnegie of New York City, the great capitalist and philanthropist; Hon. Joseph H. Choate of New York City, prominent attorney and ex-ambassador to England; Thomas A. Edison, the great inventor, of Orange, New Jersey; Hon. Ben B. Lindsey of Denver, originator of the juvenile court; Melville E. Stone, manager of the associated press; Hon. Luke E. Wright, our present secretary of war; Irving Fisher of New Haven, president of the committee of one hundred; Dr. Charles A. L. Reed of Cincinnati, and eighty-nine other members of national reputation, many of them prominent physicians, sanitarians, hygienists, and political economists. One hundred such men should certainly be a power behind any national movement.

The work of this committee has been to build up a strong organization in the United States called the American Health League, composed of members, men and women, who will seek to promulgate the idea of a National Bureau of Health. This committee has appointed local advisory sub-committees in various cities and towns throughout the United States whose duty it is to coöperate with the county, district, and state medical organizations in presenting this important matter to the public, showing them the necessity of this undertaking, to explain to them how this work is being done, and to present some of the great problems of public health which now confront our nation, states, and municipalities. In short to conduct a campaign of education, to enlighten the people, to arouse public sentiment, to induce a universal comprehension of the importance of this movement, and thus to obtain the coöperation of the American people in the inauguration of the necessary reforms for the proper protection of the health and lives of the people of our nation. That the preservation of the health of the people of our nation is of paramount importance,

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no one can question. The preservation of our national health means the preservation of the greatest resource of our country. President Roosevelt said: "Our national health is physically our greatest national asset." Notwithstanding the great and rich resources of our country in railroads, mines, forests, farmlands, livestock, and coin, it is nevertheless a fact that human lives, or human capital, is by far the greatest capital of our nation. The most valuable asset of a nation is therefore represented in its vigorous population. National health means national wealth, for epidemics of disease paralyze business industries, and the burden from sickness and the loss from death bring poverty to many homes. Dr. S. N. Patten in his "New Basis of Civilization," says, "that disease is one of the greatest sources of poverty in the United States. One-third of the workers of our country die between the ages of 25 and 50 years. This means that a large proportion of families are deprived of their bread winner and in many cases are left struggling on the line of starvation. Improvement in the public health by prevention of disease by sanitation will therefore be a most important factor in abolishing destitution." "Of the great movements which have been undertaken by our nation to promote material development, to preserve our national resources, to maintain and increase our national wealth, I will have to say," says a great political economist, "that all these things combined do not begin to compare in importance with the great movement now on foot for the preservation and promotion of national health. When we realize that 1,500,000 persons must die in the United States during the next 12 months, and that 4,500,000 will be constantly sick, and that 5,000,000 homes consisting of 25,000,000 persons will be made more or less wretched by this mortality and sickness," can we conceive of a more worthy undertaking by the American people than a movement which will seek some practical means by which disease and death can, to some extent at least, be curtailed? "That there are lamentable wastes of our civilization to-day by preventable death, preventable sickness, preventable conditions of low physical and mental efficiency, and preventable ignorance are clearly seen by all those who have studied the health conditions of our nation." We find that one-half of the deaths of the human family, deaths as the result of disease, are from diseases produced from outward or external causes, from various environmental conditions, due to the presence of the specific germs of disease, from unsanitary surroundings, impure water supplies, infected foods, and various other external causes and conditions, all of which are largely controllable by proper sanitary measures. Between the ages of 20 and 30 years over 50%, over one-half, of all deaths are caused from three diseases alone, namely tuberculosis, pneumonia, and typhoid fever. The conditions and laws under which the germs of these three diseases multiply and are scattered among our people have been so carefully studied that they are now as well known to the scientific world as the methods of distributing the seeds of wheat, corn and weeds are known to farmers, and that these infectious diseases

are as impossible without the germs as any crop would be without the seed. To obtain complete control of these disease-producing germs would be to stamp out these diseases. This would be an ideal system of sanitary supervision, public hygiene, and subjection of these disease-producing agents, a happy condition, indeed, scarcely within the domain of sanitary science, yet Pasteur, the great investigator of the causes and management of human infections, has said that it is possible for man to rid himself of every parasitic disease. But even if we should question this statement of this great authority in medicine and feel that we cannot hope for such a perfect system of preventative, yet we do know that by proper rural, municipal, state and national control of these infective, disease-producing agents that the percentage of sickness and death can be most surprisingly reduced. We are told by reliable authority, by men who have carefully investigated the causes of deaths of the American people for a number of years, that the number of preventable deaths which occur in the United States during a single period, run up into the millions. In this age of scientific investigations we can no longer look upon these infectious diseases as insoluble mysteries, or as unpreventable affections, or as inscrutable visitations of Divine Providence as a consequence or punishment for wrong doings, but as the result of specific conditions, and specific agents which are largely controllable. The prevention of infectious diseases becomes, therefore, very largely a great problem of engineering, which will place in the hands of our people, by our state and national governments, the means and information which will give them the power to control, destroy, prevent, drive back, or engineer against these disease-producing agents.

Of our 80,000,000 in the United States to-day, 8,000,000 of this number are doomed to die sooner or later of tuberculosis, consumption, under the health conditions as they have been during the last number of years. In Missouri to-day there are 20,000 cases of tuberculosis, 5,000 of these cases die every year. Over 30,000 cases are found in the state of Illinois, 7,000 of which died last year, and other states have their share in proportion to their population. This white plague, consumption, costs Missouri $22,000,000 annually, while in the state of Illinois its annual expense exceeds $36,500,000. The economic loss to the United States last year from tuberculosis alone was over $300,000,000. As many deaths are caused from tuberculosis in the United States every year as the deaths caused from peritonitis, appendicitis, scarlet fever, typhoid fever, diphtheria, lagrippe, cancer, and smallpox all combined. The death rolls of the world in the battles of the last century were about 14,000,000. The death roll from consumption in the same countries and same period of time 30,000,000. The black plague killed 50,000 in one year. The white plague kills over 1,000,000 of the world's population in a single year, over 100,000 every thirty days. "We look with horror upon the black plague of the middle ages, but this black waste was but a passing cloud compared with the white waste visitation, consump-

tion, which continues to devastate this land of ours year after year." From 150,000 to 200,000 of our people die in the United States every 12 months from tuberculosis, one death every three and one-half minutes from this one disease alone. 800,000 more are crippled, disabled and constantly sick during this same time from this infection. Motherless children, widows, orphans, poverty and want are found all along its trail. Homes broken up, blighted hopes, lost ambition, uncontrollable mental anguish and sorrow, physical suffering, hundreds of thousands of dollars gone from loss of labor, besides the lives, health, and vigor of so many of our valuable citizens, and yet in the face of these stern and truthful facts our national government does not raise a hand to help. "If a foreign foe should devastate our country giving battle to our best citizens every 60 days with a loss of 25,000 killed and 130,000 wounded or disabled, at a cost of over $300,000,000 annually, would not each paper of our land echo a war cry in every column and demand that every state and national energy be arrayed in our defense? And yet this is the exact situation except that the foe is not a foreign invader, but an ever present, insidious, creeping assassin, claiming as its victims one-tenth of all living and choosing mainly those of early adult life." These are no overdrawn statements but facts that are given us from census reports and by comparison with statements of boards of health of the various states of our union. Consumption does all this, kills 5,000 in Missouri every year, from 150,000 to 200,000 in the United States, cripples and disables 20,000 more in Missouri and 800,000 in the United States every 12 months, costs our state $22,000,000 and the United States over $300,000,000 annually and yet, excepting the preventative measure from meat inspection and a few other precautionary measures, nothing has been done by our national government to check the ravages of this disease and to prevent this wholesale slaughter of our citizens by this insidious foe. 300,000 of the present population of Missouri will in time die of tuberculosis unless this disease is checked. Within the next 24 hours nearly 500 families in the United States will gather around the caskets of their dead, victims of death from consumption. Think of it; what an enormous preventable waste of human life, with apparently but little concern to our national government. Our nation was shocked with the news of the terrible calamity which befell the cities of Messina, Reggio, Scilla and others. With a great heart of sympathy our national government sent its great war vessels with nearly a million dollars worth of supplies to the helpless, terrified, suffering survivors of this desolated district. This was right. Yet every twelve months our nation submissively yields to this preventable white scourge as many of its valuable citizens from the homes in our own land as went down in the earthquake of Sicily and Calabria. No war ships with supplies for these helpless, suffering, dying victims. No soldiers to prevent the spread of this pestilence. No sanitary police to protect the innocent from this deadly infection. Why is this? Surely there is something wrong somewhere.

Where lies the fault and what is the remedy? The appalling death rate of this disease and the consequent amount of suffering and poverty caused by it in the face of the possibilities offered by proper sanatorium care and treatment, proper national, state, and municipal control of the infection, is an opprobrium upon our boasted Christian civilization of to-day. Here is a disease with a known cause and preventable in 75% of all cases, and sanitarians tell us even to a greater per cent than this, with proper restrictions and proper sanitary regulations, and yet it is allowed to go on in our midst, a constant source of danger to every one, the greatest source of private misery, suffering, poverty and death, the destroyer of thousands of lives that would have added great good and great wealth to our states and nation, and yet there has been no great popular outcry from the people of this land for our national government to open the coffers to battle against this fearfully destructive, ever-present foe. In Prussia to-day 31,000 lives are saved from death annually which under previous health conditions would have died of tuberculosis. In England and Germany the death rate from tuberculosis has been reduced over 50 per cent which good work has been accomplished during the last 15 years. At the International Congress for the prevention of tuberculosis which met in Washington some months ago this was the motto of Germany: "No tuberculosis in Germany after 1930." In 21 years the German nation expects to stamp out tuberculosis in their country. "During the next ten years more than 6,000,000 of infants under two years of age will end their little spans of life while mothers sit by and watch in utter helplessness," and yet this number could probably be decreased by as much as one-half under proper national sanitary supervision with the dissemination of practical hygienic information, but nothing is done. The department of agriculture now spends $12,000,000 on plant health and animal health every year, but with the exception of the splendid work of Drs. Wiley, Atwater, and Benedict, Congress does not appropriate one cent for the physical well being of the infants of our land. It is acknowledged by political economists to-day that the greatest wastes sustained by the American people are on account of preventable sickness and death,—the loss of lives, health and vigor of our people, and yet there is nothing to which they seem to devote so little thought or care, or upon which they are so little informed by our national government. The study of the principles of sanitary science has been sadly neglected by our American people.

"Thousands of dollars have been spent in stamping out cholera among swine, but not a dollar was ever voted by our national government for eradicating pneumonia among human beings, a disease which in time will carry off 8,000,000 of our entire population. Hundreds of thousands are consumed in saving the lives of elm trees from the attacks of beetles, in warning farmers against the blights affecting potato plants, in importing Sicilian bugs to fertilize fig blossoms in California, in ostracising various species of weeds from the ranks of useful plants,

and in exterminating parasitic growths that prey upon fruit trees. In fact the department of agriculture has expended during the last ten years $46,000,000, but not a wheel of the official machinery at Washington was ever set in motion for the prevention, cure and alleviation of diseases of the people in general throughout our nation, none for diseases of the heart and kidneys which will carry off 6,000,000 of our entire population." $2,000,000 appropriated by our government for a life-saving service against accidents of the sea, none for a life-saving service in general against the accidents of infection which cause disease, except the protection afforded by meat inspection in our packing houses and the pure food law.

These are facts that perhaps few of us have known, and in the face of these deplorable conditions we may well wonder why it is that the health of our people has been so long neglected by our national government and considered secondary to the health of animal and plant life. There are several reasons for this. "In the first place we are a commercial nation. Human life and freedom from disease are no part of foreign and domestic trade;" hence human health, human diseases, human suffering, human lives, have been in the eyes of our national government of minor commercial importance. "From a financial standpoint we can clearly see that it is good business to spend tens of thousands of dollars against sheep scab, swine and chicken cholera, the epizootic of horses and cattle, and against the various parasites which prey upon plant life, for the products of the fields, forests and cattle ranges bring us great wealth." The commercial interests of our nation have so absorbed the attention of the legislators of our national government that their eyes seem to have been blinded to the great needs of public health legislation. A still greater reason why we have accomplished so little for the good of public health is because of lack of public sentiment on this important matter. Everybody's health seems to have been nobody's business. Another reason why the health of hogs, cattle, sheep, and plant life has received such great attention from our national government while that of our people has been so woefully neglected, is this great question of state rights and federal rights. "Our national and state authorities have held that in many of these health matters that our national government has no right to encroach upon state police powers." "The proposition that the national government should exercise certain functions which seem to belong to the state has created much disturbance in certain quarters at various times in the history of our nation." Is it not singular that our nation can spend millions of dollars in deepening harbors, improving water-ways, and in building large irrigation dams and irrigation canals for the promotion of its agricultural and commercial interests and that it cannot, according to our constitution, without the consent of the states concerned, spend one dollar to prevent our streams from becoming open public sewers, full of filth, pollution, and disease-producing germs of all kinds? "It is

said that the purity of interstate waters can be conserved only by co-operation of the governments of states concerned, and that national control of sanitary supervision of inland waters can be granted only by constitutional amendment." (Harrington). Our President said: "It seems to me that such questions as national sovereignty and state rights need to be treated not empirically or academically but from the standpoint of the interests of the people as a whole." Only after Scranton faced a thousand cases of typhoid fever did it assert itself and demand protection for its water supply. "To-day the Ohio river represents a thousand miles of typhoid fever and the Hudson river a cloaca maxima from Albany to the sea." The prevalence of this deadly typhoid infection among millions of our people arising from the contamination of drinking water and ice and the rapid increase of the pollution of our rivers, the sanitary supervision of interstate waters, and other great problems which concern the public health, demand the attention of the American people of to-day. Because of our constitutional limitations in reference to many of such important matters which concern the health of the people of our nation and which can be remedied only by federal authority, the annual wastes of human life, preventable sickness, and a vast amount of unnecessarily impaired health and physical debility are permitted to continue year after year with an enormous pecuniary loss and social burden which might be in a great measure avoided were it not for this question of state rights and federal rights. "State rights prevented national quarantine for about a century," and has handicapped our nation in the supervision of important national pubilc health matters until it now seems that a pressing necessity for special constitutional provision for the remedy of these conditions is now fast approaching us. The health of a nation is surely a national consideration, involving even international coöperation. State lines are not respected by epidemic intruders. No state barrier can be so defensive and impenetrable that the infectious and disease-producing germs cannot get through. When public sentiment is thoroughly aroused in this matter and our federal government is invested with the power to act in the interest of the health and lives of its citizens, from the standpoint of public health, we predict that the coming wide-awake, competent national health officer is destined to be one of the most important agents of future civic administration, for I dare say that it is as unwise to trust the care of the state and national health to a financier, however astute, as to expect a postmaster general to understandingly control a bureau of agriculture, or a fishery commissioner to best administer to the affairs of public schools, or an attorney general to direct the horticultural or mining interests of a nation. The more we investigate and study this subject the more we will realize that this question of national sanitary administration is fast becoming a momentous question, and the movement behind it should rapidly become a gigantic one, and if it becomes necessary to make some changes in our constitution in order to give us federal authority on questions concerning the

lives and health of our people, is there any good reason why it should not be done? "Submission to the majority rights is a fundamental principle of civil government, and just as individuals and municipalities must be subordinate to the general welfare of a state, so should state rights, as to matters of public health, be subordinate to the rights of the nation."

California is to-day paying for her sins of eight years ago in suppressing honest reports of the bubonic plague when she should have been suppressing the plague itself. That this dreaded Asiatic pest maintains its foothold there is due largely to the cowardice and dishonesty of the clique then in power and which constituted a scandal scarcely paralleled in our history. When this dangerous pest was gaining ground in San Francisco, local politicians aided the Chinese in hiding their sick and in shipping them to other points. Unscrupulous physicians were induced to diagnose many of these cases as an infection from chicken cholera, hemorrhagic blood poisoning, diphtheria, and other known and unknown diseases. The governor spent the state's money in repeatedly wiring positive, misleading, unauthorized statements to Washington. His State Board of Health refused to stand by him. He then cut off their appropriations, whereupon they resigned, and he then secured a more servile board. Many of the newspapers were denying the real facts of the epidemic: "Plague Fake Part of Plot to Plunder," "There is No Bubonic Plague in San Francisco," were announced by big head lines in the leading papers of the state. Dr. Kinyoun of the Marine Hospital Service, and Dr. Williamson of the city board of health, both declared the plague to be present in the city. The governor of the state issued a proclamation at the same time declaring that there was no plague in San Francisco. The business interests represented in the merchants association appealed to Dr. Kinyoun to suppress his reports to Washington. This he refused to do. The newspapers were strenuously denying all the real facts of the epidemic until their policy culminated in complete suppression of plague news. Arrested twice on trumped-up charges, threatened for contempt of court, Dr. Kinyoun continued to fulfill his duties. His life was threatened and infamous calumnies were heaped upon him. The representatives of the business interests and the health interests clashed in San Francisco day after day. "Kinyoun, the Enemy of the City," "Has Kinyoun Gone Mad?" "Desperate, Kinyoun Commits Another Outrage on San Francisco," "Board of Health for Graft and Plunder," "Our Bubonic State Board." These indignities and misrepresentations were thrust upon men who were fighting to protect the health and lives of the people of their city, state and our nation. After a year's brave fight in the face of physical danger and the malicious efforts to blacken the record of a faithful and honest public servant, Kinyoun of the United States Marine Hospital Service, resigned. There isn't time nor space to give you the rest of this plague history, how it cropped out in other parts of California, how it was shipped to

Matanza and all but ruined that town, how the local board of health in the face of the opposition of the governor of the state and other opposition, stuck to their guns and won in the fight, for San Francisco finally admitted the presence of the plague and asked for governmental aid. Rupert Blue, one of the best surgeons of the Marine Hospital Service, was assigned to the terrified city, and while he has not been able to wipe out the pestilence completely, the fact that smouldering danger has not broken into a devastating flame is due largely to his unremitting watchfulness and unhampered authority. "Business interests," at the risk of the lives of the people, have had their trial in San Francisco, and "San Francisco has had enough of 'suppression,' "—suppression of the truth of its health conditions. The truth has been told about the bubonic plague for many months past in the public health reports of California, and the true facts have not been denied by the newspapers. Little is heard or said about it now. This is an instance of an attempt and failure of a state to supervise important health interests of its people.

In reference to this important matter of national supervision of public health, Hon. David D. Armond, our representative, says: "There are difficulties in the way, one largely to our constitutional limitations. It is almost impossible to amend our constitution unless by resort to a constitutional convention. For years I have been in favor of such a convention but the public does not appear to awaken to the importance of moving on this line. I shall do what I can for the constitutional convention, also what I can for good legislation for public health within present constitutional limitations. I consider the matter of prime importance." Harrington says in reference to our pure food law: "In the sacred name of commerce Congress enacted, about a year ago, what is called a pure food law. Having no authority to encroach upon state police powers it held that it could not enact health laws, but under its delegated right to legislate concerning commerce, the desired law was passed as one relating to interstate commerce, not essentially as a pure food law, but as a law against commercial fraud." To this extent it seems that our national government is hampered, on account of constitutional limitations, in this matter of protecting the health and lives of our people. The great purpose in placing these facts before you is to arouse public interest in this matter and to create such a strong public sentiment in favor of a national public health service that Congress will enact the necessary legislation for the establishment of a national bureau of health at Washington with power and funds to carry on this highly important work of properly supervising the health interests of the people of our nation.

In behalf of the members of the Vernon County Medical Society and the Hodgen District Medical Society, under whose auspices we have been permitted to present to you these facts this evening, we desire to add that the great secret of success of this movement lies with the people. Physicians and legislators cannot solve these great public health problems

without public opinion. Public sentiment must be the moving power behind this work. Our legislators are simply the agents of the people they represent, and not until the people themselves realize the necessity of this movement and demand protection of health and life, along the lines suggested, will this work ever be done. Physicians, sanitarians, hygienists and political economists can give directions, attorneys can assist in formulating bills, our legislators can enact laws, but public sentiment must be the power behind all these to move our nation to action. Besides, no law can be made effective without public sentiment behind it. The sovereign power of our nation is the will of the people; as they will to do, so it shall be done. We, as physicians, are fulfilling our duty in pointing out the way, and when this work of education along these lines is completed the responsibility of the success of this movement will then rest with the popular will of the people of our nation.

Before concluding I desire to read to you some of the comments of the public press and of some of our statesmen on this matter in order to give you some idea of the popularity of this public health movement:

"Here's good luck." *(Chicago Inter Ocean.)*

"A movement of great importance." *(Evansville Courier.)*

"Now let the good work go on." *(San Antonio Express.)*

"It is surprising that such a movement should have been so long delayed." *(Christian Herald.)*

"It will have the hearty coöperation of every intelligent man and woman." *(Ohio Farmer.)*

"100 of the best known men in the country." *(New Haven Register.)*

"The states' right argument should not prevail against it." *(Evening Union,* Springfield, Mass.)

"Is there another movement that has claims upon the interest and support of all good people quite equal to this?" *(Buffalo Express.)*

"I am in complete sympathy with the aims and purposes of this organization." *(Grover Cleveland.)*

"The American Health League is certainly to be congratulated on its progress and recognition. It is through such enlistment of public interest that Congress may be expected to enact the legislation necessary to enlarge the activities of the federal government in respect to public health. I hope to live to see the time when the increased efficiency in public health service, federal, state, and municipal, will show itself in a greatly reduced death rate." *(William H. Taft.)*

"I am deeply interested in the work your organization has in hand." *(William Jennings Bryan.)*

"The preservation of national vigor should be a matter of patriotism." *(President Roosevelt.)*

"We favor that a national organization of public health be created for the protection of human life." *(Delaware Republican Platform.)*

"We advocate the centralization of existing health agencies into a national department of health." *(Ohio Republican Platform.)*

"Be it resolved that Congress of the United States be and is hereby memoralized and urged to create and establish a national bureau of health and endow it with the power and funds commensurate with the highly important duties with which it will necessarily be entrusted." *(Ohio State Legislature.)*

"We commend the efforts designed to secure greater efficiency in national public health agencies and favor such legislation as will effect this purpose." *(Health Plank from the Republican National Platform.)*

"We advocate the organization of all existing national public health agencies into a bureau of health, with such power over sanitary conditions connected with factories, mines, tenements, child labor, and other such subjects as are properly within the jurisdiction of the federal government and which do not interfere with the power of states controlling public health agencies." *(Health Plank from the Democratic National Platform.)*

We found nothing on public health in the Republication platform of Missouri, and nothing on this important matter in the Democratic platform of our state. This is not a political question, not a party issue, but a question which should interest all people and all parties of our land. It is of too great a vital interest to the people of our state and nation to have been left out of the platforms of any political party. In reference to our state, Governor Hadley said: "I intend between now and the opening of the legislature to have conferences with the members of the board of health and other physicians as to what our state can and should do to further the movement for the prevention of the spread and stamping out of contagious and infectious diseases."

In addition to the endorsements mentioned many others have been received by the committee of one hundred. Some of them from foreign countries, England, Canada, and Australia. A Melbourne contemporary gives a column and a half of editorial matter commending this movement and suggests that a similar one be inaugurated in Australia.

If there ever was a time in the history of our nation when a campaign of education along this line of work presented such imperative demands, it is now. To disseminate this knowledge broadcast over our land we need the help of the public press, the pulpit, platform, our schools, medical organizations, and other organizations and the people in general until a wave of public sentiment spreads across our nation from ocean to ocean, demanding national protection of health and life.

We believe we are safe in saying that as soon as a universal comprehension of this important matter is brought about by the work of enlightening the public along these lines that these necessary health reforms will follow.

SOME MISLEADING CONCEPTIONS IN THE TREATMENT OF APPENDICITIS.*

By H. C. Crowell, M. D., Kansas City, Mo.

The result of years in observation and practice should serve us in arriving at an approximately correct conception of the condition under consideration, irrespective of what may have been taught. Indeed, we are inclined to the opinion that methods and conclusions are often offered to the profession, and soon incorporated into our text books, before they have been thoroughly tried out. Often, it would seem that about the only recommendation the idea possesses is that it emanates from one enjoying standing and reputation in the profession, a requisite very much to be desired and yet not necessarily excluding error. We submit that trial and experimentation on the part of the many for a considerable length of time, is the best test of the practicability of any device, method or conclusion, which is placed in the hands of the many for general adoption. A conclusion may be correct in principle and yet faulty in application by some.

That the subject of appendicitis has been exhaustively considered will probably be conceded, and may require an apology from one contemplating further observation. So long as we are yet compelled to record numerous fatalities we must continue to analyze our methods and conception of the malady.

The fatalities which we have observed and the methods employed have collectively given rise to this protest, if such it shall be considered:

First: We feel that a misleading thought is encouraged when it is suggested that we be governed by time and not conditions in dealing with appendicitis. At least, it seems that much teaching would make the condition secondary to a consideration in hours or days, a position which experience teaches us is pernicious. Not to operate, if not before 24 hours, has taken a strong hold upon those inclined to procrastinate to see if recovery may not take place in spite of the treatment instituted,—usually a brisk cathartic, the very thing which all are agreed should not be done. At this juncture we should agree that the only treatment of appendicitis is surgical. Too many instances of advanced destructive conditions have been found at very early periods, even with a lack of the symptomatology to indicate the condition, to justify the employment of hours, which shall determine whether active measures are to be extended or withheld.

*Read before the Jackson County Medical Society, November 17, 1908.

To say, if not seen within the first 24 or 48 hours, we will not operate or should not, is or may be dangerous teaching. The result of such teaching has been to stimulate the natural inclination to defer a serious proposition to a time when it may become more so.

It has also served to give to those who do not operate the assurance that they are justified in such delay. The suggestion of Ochsner to wait if not operated early, restricting food and liquids by the mouth, is most excellent in well selected cases and under his or good surgical observation, in non-suppurative cases.

In just the latter statement lies the efficacy or safety of the procedure, for we deem it a time for greater surgical judgment than is required to do the work of an early operation.

Here the decision adopting such a course generally falls, or is most often assumed by those of limited surgical experience or is often but imperfectly carried out or carried on to the end that surgery which might have been successfully employed, is defeated.

The allurements held out as a result of such treatment have been so ideal and flattering that it has been quite universally adopted with an undoubted large mortality, not because of an altogether wrong principle, but frequently from the lack of ability to exercise that discriminating judgment that comes only to those of large and varied surgical experience.

If the Ochsner plan is to be employed, we should advise it in conjunction with the most careful surgical association, together with a frequent leucocyte count which may indicate the progress or recession of the disease in the earliest history but which becomes of less value the farther we get from the acute stage.

After a considerable experience with these cases of appendicitis in all stages and after observing attempts to reach the interval stage on the part of many physicians with failure in nearly all instances, save those that recover from their mildness, I am strongly impressed that it would be a life saving measure could that teaching which encourages delay be retracted, and every physician come to realize that no one can tell when a given case will go on in a mild form or soon take on very grave conditions. Far better in our judgment would it be were we to teach but *one* thought, namely, that *an operation is indicated as soon as a diagnosis can be made* and which *is* made, without much doubt, early, the *most favorable time* for interference.

If, however, an operation is not done early it should in no wise suggest delay based on hours or days; if delayed at all, the delay should be based upon the best of surgical judgment, which would be less dangerous than delay.

We recognize in making these adversions that we are not bringing forth anything new, but attempting to effect a more careful consideration of these few propositions, if possible, before we adopt them in the

light of our present knowledge relative to the history of appendicitis cases.

Dieulafoy says, "that no one should die of appendicitis." Whatever position we may hold in regard to the course to pursue, in order that we shall hold the same opinion as Dieulafoy, which we are disposed to regard as correct, we must make an early diagnosis and operate early. There should be no excuse on the part of the physician for not doing so If such a course is not pursued it should be due to the patient's or his friends' attitude alone. In order that those objections shall cease to obtain the profession should be united and take a firm stand for early operation, when success will be universal,—the most convincing argument attainable with the laity.

The reasons for an early operation, irrespective of hours as set forth in italics in Kelly's work on appendicitis, should ever be borne in mind by those who first see the cases early:

"It is safest."

"The operation is more easily done."

"The patient is spared days of suffering."

"The liability to recurrent attacks is obviated."

"An early operation obviates the risk of hernia."

At the present writing it will be a unique circumstance for a patient to be caught a long distance from one of experience capable of doing an early operation. In the late cases the requirements on the part of the surgeon are quite different. Here, he should be capable of any intra-abdominal procedure, exercising the very best surgical judgment to avert failure and establish confidence in surgical interventions in general.

The surgeon who happens to be called to a late case has many conditions to consider more than the mere mechanical performance of the work of opening the abdomen, removing pus, appendix, etc. He must contemplate the extension of an infection, possibly localized peritonitis that may easily become general by the spread of the infection. The adhesions in which lies the safety of the patient may also be the cause of death from obstruction. Perforation may be one of the complications rendering even good surgical work in late cases futile. Any considerable disturbance of any kind in really bad cases may produce death, as may, more frequently, delay or an attempt to reach the desired period of safety, which has proven so alluring. If we are caught in these aggravated cases we are impressed with the Murphy idea, that the toxins are the factors to be feared and disturbed as little as possible, but that some sort of drainage is essential, even though slight; that it can and should be made quickly, allowing the pus to seek a lesser resistance though it may be slowly yet quite safely.

Too much surgery is as bad as too little, but timely surgery properly done is at all times unassailable.

212 Rialto Building.

REPORT OF A CASE OF INVERSION OF THE UTERUS, WITH EXPULSION OF A LARGE NECROTIC MYOMA.*

By Frank Hinchey, M. D., St. Louis, Mo.

This case is of special interest because it is an uncommon one, because of involvement of the bladder in the uterine hernia, a condition generally denied, and because of the futility of all the measures of treatment, which were adopted, thus incidentally illustrating how rapidly a patient may die from a complication of fibromyoma.

The patient, Mrs. M., was 38 years of age when I first saw her, in September, 1907.

Family history entirely negative as to any tuberculosis or cancer.

Previous condition: General health very good, prior to onset of present trouble. Has borne two children, and has had two abortions prior to birth of last child, nine years ago. Menses regular, four or five days duration, no pain and no clots.

Present trouble: For about a year the menstrual flow has increased in amount and duration, lasting from six to ten days. For four or five months she has had an intermenstrual discharge of a watery nature, which, during the past three months has become very foul and at times blood-stained. About the same time she was told that she was getting pale and yellowish. She ascribed these changes to an early onset of the menopause. Has thought she noticed a lump in the lower abdomen, but having always been very fat and never disposed to giving her physical condition much attention, this was also ascribed to the "menopause." For a month past the discharge has greatly increased and she has been unable to urinate except in the standing posture. During this time she began to have pain in the lower abdomen, of a bearing-down nature, which was the first experience of pain during all her illness. Three days before I saw her these pains caused so much distress that her family physician was forced to administer morphine at regular intervals.

Present condition: She is of large frame, 5 feet, 8 inches, weight 200 pounds. Temperature 97.6, pulse 96, small and intermitting. Complains of thirst, insomnia, weakness and dull pain in lower abdomen. There is marked anemia of the mucous membranes, yellowish skin, white sclerotics and tongue pale and flabby. The abdomen is very fat, with navel depression of about one and one-half inches, and contains a large, firm mass, extending, in the median line from pubis to two inches above the umbilicus, and laterally assuming the general contour of a pregnant uterus, producing considerable bulging of the abdominal wall. No fluc-

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tuation. No pain on pressure except over hypogastrium. The perineal region was slightly edematous and the mucous membrane of the vagina markedly anemic. The entire vagina was filled with a globular mass of firm consistency, resembling tense, muscular tissue and not in the least nodular. This mass was about the size of the foetal head at term, and, resting well upon the pelvic floor, was free of all attachment to the vaginal walls, though only with difficulty could the finger sweep around it. It was covered with a movable membrane or capsule, which, on retracting the labia, was seen to be bluish-black, with areas of superficial necrosis. The cervix or anything resembling that organ, could not be reached. The meatus was drawn high up against the pubis and so compressed that it was not possible to enter a hard catheter. On manipulation, with the patient in the upright or knee-chest positions, a free, foul, watery discharge came from the upper portion of the uterus over the sides of the tumor. While the mass was slightly movable it was not possible to replace it in the uterus.

Diagnosis: Necrosis of fibroma with possible sarcomatous degeneration of upper areas. This supposition was based on the apparently rapid recent extension of the tumor and the odor, amount and character of the discharge, which seemed so dissimilar from other sloughing fibroid tumors we had observed.

The following day she was removed to a hospital, where urinalysis of cloudy, ammoniacal urine showed abundance of bladder epithelium, mucus, blood cells and hyaline casts.

Treatment proposed: In our inability to reach the cervix, and as the tumor extended above the umbilicus, it was believed to be attached high up in the uterus, with an edematous prolongation which had dilated the cervix, and that the portion below the cervical constriction alone was necrotic. On this theory we hoped to deliver the portion below the cervix, transfix and ligate it, then, after excising that portion and cleansing the vagina, we hoped, with morphine and by vaginal tamponade, to delay further delivery until the condition of the patient could be improved, for the violent expulsive pains had caused great exhaustion and loss of sleep. With such hoped-for improvement, we expected to close the cervical canal and to remove the tumor by laparotomy.

On arriving at the hospital she was placed in the operating room. Morphine and atropine, followed by ether were administered to overcome the intense pain. Obstetrical forceps were applied about the mass and, on making traction, the blades penetrated deeply into the soft muscular tissues, which were arranged in longitudinal bundles, interposed between planes of fascia, there being no nodular areas. Large portions were excised, without exciting hemorrhage of any consequence, and the hand passed into the vagina. At the pelvic brim, by careful palpation, the very thin border of the completely dilated cervix could be determined, blending with the vaginal wall. An effort was made to pass the hand high into the uterus, hoping to completely separate the basal attachment and to de-

liver at once, but the firm contraction of the uterus and the size of the tumor prevented this. We believed this maneuver expedient because, in the absence of active hemorrhage and the absence of cervical constriction producing the partial necrosis we had anticipated, we were assured that the entire tumor was necrotic and had but little basal attachment. Her condition prohibited further efforts and, after tamponade of the vagina, she was put to bed with a bad pulse. Under repeated hypodermoclyses and forced feeding she rallied very nicely, but, as was to be expected, the expulsive pains did not abate, and there was a constant loss of serum and scanty urinary secretion.

During the following two days her temperature ranged from 100 to 101.5, and our efforts were directed to stimulating her and aiding the uterus to expel the necrotic mass, for all radical measures seemed contraindicated. We could only excise the expelled portions, as they were delivered, because the tissues tore when traction was made, and the foul condition of the vagina prohibited any attempt at vaginal hysterectomy, even when the greater part of the tumor was delivered.

Finally, on the morning of the fourth day, a large mass was extruded beside the perineal pad and above the mass appeared a constricted area, beyond which was found the tissue of what was regarded as the uterus. There was some doubt, because the bearing-down, labor-like pains continued and the fatty abdominal wall, with sensitive bladder area (due to cystitis), prevented diagnostic aid from that direction. A transfixing ligature was placed below the constriction and the mass excised. The tissue above the constriction was of a dull red color, globular in shape and bled upon being pricked. It completely filled the vagina. The examining finger could feel no constricting cervix. The anterior wall of the vagina seemed obliterated, being tensely drawn against the uterus, while posteriorly the tense sacro-uterine ligaments were palpable. There was no hemorrhage. The patient presented the symptoms of marked collapse. Still there was no vomiting, she was conscious most of the time and aside from the pain, complained of thirst, despite the unlimited stimulation and drink permitted her. The expulsive pains continued during the day, and were no doubt due to contraction of the cervix, for, in making manual attempts at replacement, at various times, it was observed that the distal, or cervical, portion of the uterus became more dense and constricted. She died that night.

At the post-mortem examination we were permitted to remove only the organs causing the foul odor, hence unfortunately know nothing of the condition of the kidneys or heart. We removed the bladder with the uterus and the remnant of tumor, which grew from a broad base, involving the entire fundus of the uterus. The specimen shows the entire cervix has been inverted, with the cervical attachment of the bladder drawn into the funnel, both tubes entirely out of view and the ovaries appearing at the top of the constriction of the inner os. The outer os is more dilated than the inner, and the tissues of the former spread out over

the vestibule, leaving a short space intervening between the meatus urinarius. Posteriorly the sacro-uterine ligaments are tightly stretched, so that the rectum dipped over the posterior edge of the funnel. We considered this extreme type of complete inversion a rare condition and one of much importance, because of the unusual danger of injury to the bladder or rectum during any vaginal operative treatment. The bladder showed marked inflammatory changes with areas of recent erosions, which accounted for the localized pain.

Microscopic examination by Doctor Guthrie McConnel showed necrosis of fibromyoma.

This case presents for consideration, first, the still-mooted question of the propriety of operating upon fibroid, uterine tumors before they develop symptoms of an urgent or threatening nature; and second, the relief of inversion of the uterus. These questions are too important to receive proper discussion in the limited time at my disposal, and I simply wish to touch briefly upon such facts, concerning these questions, which the study of this case have brought to my notice.

Until comparatively recent years it had been the accepted belief of most medical men that such tumors were not to be operated upon until they produced symptoms dangerous to life. Despite the immense educational labors of such men as Bland-Sutton, Noble, Martin, Baldy and a host of others this belief still prevails to a great extent. The case just cited simply shows how a woman can die in a week after such symptoms have appeared, for she believed her ailment of no great consequence, since it did not prevent her from doing her work. The dilatation of the cervix by the pendulous portion was apparently a slow and painless process, and she felt she needed no treatment until annoyed by the expulsive pains, due to the beginning inversion.

When we make a diagnosis of fibroid tumor we should inform our patient. If the tumor is small and causing no menorrhagia, it may be quite safe to have her report, as G. Brown Miller has suggested, every few months, for careful examination. When menorrhagia is excessive operation should not be deferred, for we now know that when this condition has persisted for some time changes in the cardio-vascular system, of a lasting nature, are produced, in a manner not yet understood. So that a late removal of the growth, in advanced cases, will not be followed by recovery of the heart, kidneys and liver from their degenerative changes.

Concerning the menopause, Noble has observed no instance of disappearance after the menopause or pregnancy. And Bland-Sutton says they commonly become septic after the menopause. Tracy, in a recent study of 3,561 cases, states that degenerations occur in about 65 per cent of these cases after the menopause.

These facts answer for us the question of early operation. Where symptoms of distress occur there can be no question.

Concerning the treatment of inversion of the uterus, my observation of this case affords some points of interest, especially since inversion is not so rare in private practice as one would suppose from the reports of the large maternity hospitals, in which from 100,000 to 250,000 cases of delivery occur without an inversion. From my observation of the mortuary reports of St. Louis and of the literature, these cases are not so infrequent, and deaths from this cause will continue until ignorant midwives and the like cease to hasten the third stage of labor by traction on the cord, or by faulty application of Crede's technique. When this accident occurs a fair effort at replacement should be made, by intelligent manipulation and moderate pressure in the direction of the axis of the birth-canal. I do not believe we are justified in working an hour or more, as some have done, to overcome the constriction of the cervix. We only add to the shock, hemorrhage and infection, for if there is sufficient dilatability a fair effort will show progress at once; and, as in the case above cited, where the cervix has firmly contracted, force is of no avail. To establish this to my own satisfaction, at the postmortem before rigor mortis had occurred, and while the organs were yet warm, I found replacement not possible when extreme force was exerted with one hand on the fundus, in the vagina, and the other, in the abdomen, making counterpressure against the edges of the funnel. Indeed the use of powerful dilators did not materially influence the constriction. It would seem that these acute cases could be treated best by laparotomy, after a short effort from below, for there is not sufficient room for the performance of the various vaginal operations, which aim at opening the anterior or posterior vaginal vault. These vaginal operations should be reserved for the treatment of cases of chronic, partial inversion, where involution has made the organ sufficiently small to permit exposure of the site of the incision. When the inversion is complete, with the bladder drawn into the funnel and the anterior vaginal vault practically obliterated, the operation of anteriorcolpohysterotomy (Spinelli) would not be possible. Under like condition, Kuestner's method of opening the cul de sac is dangerous, and there remains only his modification of this method, which is to incise the posterior uterine wall, sufficiently to effect replacement, after which the incision is sewed up. This is not a simple procedure and certainly not permissable in an infected vagina.

I make these statements because several text books and authors of monographs speak of the ease of the treatment of inversion, by the vaginal route, without distinction as to acuteness or chronicity; though the cases they cite are not acute and the description of the technic shows the bladder was not involved.

I may add that Tate's method of inserting the index finger of one hand in the bladder, through the urethra, and two fingers of the other hand in the rectum to exert counterpressure on the edges of the funnel, while the thumbs pressed upon the fundus, was considered but not attempted, because of the retraction of the urethra.

THE PHYSICIAN'S RELATION TO THE PHARMACIST, PRACTICALLY CONSIDERED.*

By J. L. Ormsbee, M. D., Springfield, Mo.

Whenever a person speaks on any subject from a practical standpoint, his listeners immediately think, "well what practical experience has he had in that line and what reliance can I place on what he says," so a short explanation is necessary.

Twenty years ago when the writer started to study medicine, the resolve was made to study pharmacy at the same time, and during the first year's reading with a physician, who owned a drug store, when the writer would become tired of reading Gray's Anatomy, he would go into the store and assist, and this method was continued during the time he studied medicine.

When the writer graduated in medicine he was practically better qualified to run a drug store than he was to practice medicine, and so the first year's work was in a drug store in both city and country, and ever since that time the writer has been closely identified with the practice of medicine as well as the practice of pharmacy, hence the title of this paper.

The average physician has a fair education, is a college graduate in medicine, and spends considerable time in reading scientific works and studying his cases, while the average pharmacist may have a fair education, is not a college graduate in pharmacy, and spends little if any time in reading scientific works or in studying theoretical pharmacy, as his reading is devoted to the drug journals which tell him how to make a greater profit upon the goods that he has to sell.

It takes several times as much theoretical study and work to obtain a physician's license in Missouri as it does to obtain a pharmacist's license, so to start with, in an educational or professional way, there is much difference between the physician and pharmacist; one might say by way of illustration, the physician is 75 per cent professional and 25 per cent business, while the pharmacist is 25 per cent professional and 75 per cent business, and this comparison is not far from right, but may vary in different localities.

The physician and the pharmacist see each other's work and business methods in a different way from what they really are, unless they have had practical experience in each calling, and herein lies the most common source of trouble between them, for the more they know about the work that each one tries to do the better their business relations will

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be, and as all of you know what the physician's ideas and methods are it will be useless for me to tell you.

The best rule to follow is, "physicians do unto pharmacists as you would have the pharmacists do unto you," and the way to do this is to come together and talk matters over as we do in this medical association.

As we know that medicine is not an exact science, and this is especially so in the preparation and application of remedies for the relief of diseased conditions, familiarity among persons of practically the same calling induces confidence, and we honor a man not so much for what he may appear to know, as we do for the gentlemanly way in which he treats us.

Nothing creates in a druggist a feeling of antagonism and dislike or an unwillingness to assist a doctor as quickly as an "overbearing, bossy way" that will have a tendency to make the observing customer think that the druggist does not know how, or is not treating him fairly, and the doctor is even quicker to notice and feel this same kind of treatment from the druggist, for public opinion and confidence is what make business for both and a lessening of these lessens the business.

No doctor who has not had actual experience both as a doctor and as a druggist can realize how much a competent and tactful druggist who has the good will and confidence of his customers, can assist or work against a doctor.

When a person feels indisposed or sick he usually goes first to the drug store and procures some simple remedy which he has tried before or some of his friends have recommended, and in the majority of cases asks the druggist what to use, and his opinion, if he is the right kind of a man, is valuable to them either in procuring the proper remedy or in realizing the fact that no simple remedy will do and that he had better consult a physician.

In many cases the druggist is asked about the physician and you can hardly expect him to suggest one who does not treat him fairly or one by whom he would be liable to lose his customer's trade.

Perhaps the things that cause the greatest amount of trouble between physicians and pharmacists, are dispensing by the physician and counterprescribing or refilling by the pharmacist, and in all of these the motive is one of gain.

The physician has a right to dispense his own medicine, the pharmacist has a right to counterprescribe providing he does it gratuitously, and any pharmacist can compound any recipe or prescription that he may have in his possession, providing he does not use the physician's name in connection with it or can legally sell it without the physician's order.

So you can readily see that these things must be agreed upon by mutual consent and when one talks of forcing things, it only creates

enmity and hard-feelings and makes the other try to make more money by doing these things that may cause trouble.

Almost any person can do the duties connected with his business in a more satisfactory manner than any one else can do the work for him, but the time the physician would use in attending to his horse and buggy, dispensing his medicines, etc., can be spent much more profitably in reading or studying about his cases or in attending to the more important details of his business.

The best and most successful business men devote their time to the most important details of their business and the most successful physicians having the largest practice do the same way; in some localities where competent and trustworthy pharmacists are not convenient, it may become necessary for a physician to dispense his own medicines.

Another objection to dispensing is the liability to mistakes in trying to do so many things at once; a competent druggist in filling your prescriptions is required by law to see that the medicine is not given in poisonous doses and this relieves you of a certain amount of responsibility.

This dispensing by the doctor makes him an active competitor with the druggist with all of the attendant results of being taken advantage of at every opportunity.

Counterprescribing by the druggist is largely an out-growth of a feeling that the dispensing doctor is selling medicines the sale of which rightfully belongs to the druggist, and a desire of the public to avoid the expense of a doctor as long as possible.

It is a well known fact that in medicine, as well as in many other things, "a little knowledge is a dangerous thing," and this is especially so in the drug business; the better class of druggists, or those who know the most about the medicines that they handle, know that patent and proprietary medicines will not always do what their makers claim for them and the nice talk is made to create a sale for the medicine and not especially for its medicinal value, so when asked say, "I know nothing about these preparations" Thus one avoids all needless responsibility, and while they may miss a sale by telling the truth they gain the customer's confidence and in the end will be able to sell him anything he wants in their line.

Honesty is the best policy, and you cannot secure the greatest amount of satisfaction or do your best in the practice of medicine unless you treat your associates and assistants in an honest and straightforward manner.

A word in regard to the needless writing of prescripitons for medicinal preparations that require a physician's prescription before the druggist can legally sell them. This is a degrading practice for both doctor and druggist and experience has shown that there is not enough

in it to pay for the worry and anxiety it usually causes both the doctor and druggist who does it, so do not do it.

The best and most satisfactory way to settle all differences is by mutual agreement, and this can only be done when both parties that are concerned are willing to assist.

Both the doctor and the druggist are much more willing to overlook the faults of, and assist any person whom they consider honest, competent and trustworthy, and this fact can only be found out in each particular instance by becoming better acquainted with these persons in a business or social way, and this, according to my experience, is the right way to settle all differences between physicians and pharmacists.

THERAPEUTICS.*

By W. A. McKelvey, Minden Mines, Mo.

In order to discuss any subject intelligently, we must first agree upon a definition, for the reason that, through common usage, we often forget or altogether overlook the full limitations of some terms. When we speak of therapeutics our first thought is of the use of drugs which, although one of the principal therapeutic agents, is only one out of many. Any definition, therefore, limiting us to the use of drugs only would be very deficient and come short of the scope indicated by this paper. In referring to authority we find that therapeutics is defined as that branch of medicine which treats of the application of remedies for the relief of pain and cure of disease, including all that relates to the science and art of healing not only the application of medicines, but all other agents which may assist in accomplishing the same result. In tracing the origin of the term we find it is derived from a Greek word, meaning, "to attend upon," "to cure." Therapeutics, therefore, in the full and practical application of the term, embraces every agent that has been applied and every method that has been employed for the relief of pain and cure of disease, from the magical incantations practiced by the priests of Egypt down to the latest, most scientific and extensive laboratory manipulations in ascertaining the opsonic indices and the therapeutic application of vaccines. No definition, however, of therapeutics in the abstract can throw any light of practical value upon this subject. Before we can intelligently discuss any therapeutic measure we need to recur to first principles and agree upon fundamental definitions. Before we can intelligently prescribe, we must be able to diagnose. Before we can detect the abnormal, we must be familiar with the normal. For the reason that mistakes all along the line are ultimately attributed to therapeutics, the history of our country is to-day replete with lamentations concerning the worthlessness of medical treatment, while the bulk of our medical literature, more from tradition and mere habit than from real belief or a sense of propriety, is based upon the ancient and mythological assumption that disease is an individual entity, a vague something, endowed with relentless malice, with power and volition, so that it can attack and may be attacked, be aggravated and appeased, can vanquish and be vanquished. In other words, judging from the current phraseology of medical writing, disease, like the now obsolete idea of the devil, is a sort of pathological lion, forever roaring in the frightened ears of mankind, seeking whom he may devour. This conception of the nature of disease, not now

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literally admitted by any intelligent mind, like the theory of a personal devil, was born of the same superstition which gave us all the various systems of mythology; and while we practically ignore and discard it, our literature is still permeated by its weird and meaningless phraseology, and this has led us into a very labyrinth of therapeutic sophistry.

We say, our patient was attacked with grippe; that he succumbed to a violent onset of pneumonia, or that the disease left the joints and attacked the heart. Probably very few medical men of the present day are misled by this senseless phraseology, but its persistent and almost universal use cannot but result in correspondingly erroneous therapeutic deductions.

If we look upon disease as a physiological inharmony, caused by the presence within or the effect of contact without of incompatible and hurtful elements or forces, and direct our efforts to the removal of retained or morbific elements, and to interrupt the action of injurious forces, then our treatment is rational and helpful; otherwise, blindly combating symptoms, it may be either negative or positively mischievous and inane. Notwithstanding what has been said to the contrary, I am persuaded that many of our failures in therapeutics are due to an imperfect or erroneous conception of disease, and before we can hope for more light along this line we must recur to the fundamental defects—those of pathology and physiology. With a correct idea of physiopathogeny we are now able to study therapeutics. If then, we find it is true that disease is not a conscious entity, an intelligent spirit of evil, it follows that all mysterious methods of attempting to exorcise it are irrational, for the reason that they make no question of original cause. In the light of recent pathological investigation and with the aid of a modicum of medical logic, it will be apparent to the dullest intellect, that fever is not a disease *per se;* that it is the normal result of vital action struggling to overcome the inharmony and to abate its results,—a result of nature's struggles to throw off some morbific agent. To stifle it without removing the cause is almost invariably done by the unstinted use of some of the so-called antipyretics with which the pharmaceutical market is flooded,—some bad, others worse, all dangerous. The use of such antipyretics not only does not cure disease, but it directly opposes nature's efforts by checking the eliminative processes. Theorize all you wish about the effect upon the mysterious, if not hypothetical, trophic centers and the equally little understood vasomotor reactions, but in the meantime do not spare hydropathic measures in treating fever. Other symptoms which are too often combated without taking into consideration the fundamental causes, are cough, vomiting and diarrhoea. Nature's efforts to expel some poison which, if retained in the system, may cause death, is too often checked by the use of opiates. When a foreign body gets into the eye and sets up an irritation, what takes place? Lachrymation. Why? This is nature's effort to remove the foreign body by washing the eye. When called upon to treat such a case why

not direct your treatment towards checking the lachrymal secretions? This would be combating the symptoms and as rational as giving the antipyretics referred to in fever, or opiates to relieve vomiting and diarrhoea. It must be admitted that too much of our medical treatment consists in pseudo-scientific effort to silence symptoms and obtund morbid sensibilities, and in this way progress in treatment has been greatly hampered. While cautioning against interfering with nature's processes, do not understand me to say nature's efforts are equal to all emergencies and that the application of drugs is useless—far from it. Nature's efforts are often too slow and sometimes altogether inadequate, where drugs, judiciously selected, are of unquestionable efficacy. This is, however, assisting, not combating nature's efforts in getting rid of something injurious. While during the past decade numerous investigators have labored diligently to place therapeutics upon a more rational basis, none, perhaps, is more worthy of mention than Sajous, whose discoveries in connection with the ductless glands, so beautifully elucidated in his works on internal secretions, if they stand the crucial test of time and clinical experience, promise in part to revolutionize the practice of medicine and establish the rationale of sero-theraphy, or perhaps, establish *immunimizing medication as the foundation of rational therapeutics.* If it be true that the adrenals, the thyroid and the pituitary body, the principal functions of which have hitherto been unknown, play so important a rôle in the body physiology, we need not wonder at some of the lamentations concerning the shortcomings of medical treatment among the leading members of the profession, neither be surprised at the therapeutic impetus such discoveries will impart. If it be true that the function of the adrenals is to supply a secretion which, passing through the lungs, takes up the oxygen therein and distributes it to all cells, and that tissue respiration and cellular life are thus accounted for, the value of the therapeutic deductions will be evident—that, if we are able, with our remedies, (which will be referred to later) to govern the adrenals—"the oxygenation of all cells, we can assist the life process itself where its activity its subnormal." If, further, the function of the thyroid gland is to secrete a substance, thyroidase (Wright's opsonin which has been receiving so much attention of late), the function of which is to sensitize bacteria and render them vulnerable to attacks of phagocytes, and if we are able, with our remedies, as has been demonstrated, to increase the activity of this gland, the therapeutic value is likewise obvious. During the past decade, antitoxin has been so universally used in the treatment of diphtheria, that few if any doubt its efficacy in lowering the mortality in that disease. The source of this antitoxin in the blood of the animal from which it was taken, however, was unknown. Its use, therefore, has been empirical. If it is true, then, that this antitoxin is, "(1) the oxygenized adrenal secretion, (2) a ferment derived from the pancreas, (3) a body rich in phosphorus derived from the leucocytes, and

(4) the thyroid secretion—" (thyroidase), (opsonin), then the adrenals, pancreas, leucocytes and thyroid prove to be the source of antitoxin.

If, then, with the use of our remedies, we can increase the functional activity of these organs, can we not produce thyroidase (opsonin) to sensitize the bacteria, and auto-antitoxin to destroy them? Sajous describes all the diseases that are most fatal to mankind and claims that wherever cures had been effected by remedies it was through agents which by stimulating these organs, increased the blood's assets in auto-antitoxin; thus he lays the claims that *immunimizing medication is the foundation of rational therapeutics.* Admitting this much, how are we going to effect this stimulation? if it be true that the function of the pituitary body is to automatically control these secretions; that the adrenals are provided with a center in this body, and that this center is so sensitive that whenever any foreign substance, poison or drug, enters the circulation this test organ detects it and by its sympathetic nerve connection with the adrenals, these organs are stimulated to greater activity in consequence of which the amount of oxygenized secretions (adrenoxide) is increased, and this, in turn, stimulates the thyroid gland in consequence of which more (opsonin) (thyroidase) is supplied and thus the opsonic index is raised. With this increased proportion of oxyhemoglobin, general metabolism and nutrition are increased and nature's defensive agents prepared for attack of opposing armies. I might mention here again, that as the result of this increased activity we have *fever.* If time would permit, I would like to refer to the diagnostic importance of these internal secretions, the means of testing artificially the body fluids, or in other words, *ascertaining the opsonic index.* This, however, would require more time than I feel entitled to; so I will conclude my reference to this phase of my paper by saying that, while this new departure in therapeutics is based upon scientific deductions, as the result of analytic and synthetic reasoning, and upon discoveries of functions which seem to fill a gap in human physiology, and make it possible to account for numerous phenomena which different investigators have observed, but in the absence of such discoveries, could not be interpreted, yet, as far as the therapeutic application of vaccines is concerned, it must, at present, owing to the extremely difficult technique, remain in the hands of those specially skilled in laboratory manipulations. Until, therefore, some means is discovered of simplifying the methods, or until the profession generally becomes skilled in laboratory work, the diagnostic and therapeutic value of this new theory cannot be of general utility. For this reason it is liable to fall by the wayside, as history shows us has been the temporary fate of nearly all the valuable discoveries; but afterwards have been resuscitated and have contributed to the world's science most valuable truths.

In conclusion, I wish to say, notwithstanding some of the declarations of the leading members of the profession from the time of Dr. Oliver

Wendell Holmes who declared that "if all the drugs were thrown to the bottom of the sea, it would be that much better for mankind and all the worse for the fishes," down to a recent lecture delivered by Doctor Osler, when, to a class of medical students he declared that "he is the best doctor who knows best the worthlessness of most drugs," and while perhaps the treatment of disease, more than any other branch of medicine, has been influenced by superstition and tradition, it has been propelled by the same forces and equally orderly succession of events, to precisely the same standard of enlightenment as that of the collateral arts and sciences.

TUBERCULOUS ADENITIS OF THE MESENTERIC LYMPH-NODES.*

By Louis Rassieur, M. D., St. Louis, Mo.

In literature this subject is usually spoken of in conjunction with tuberculosis of some other organ. It is the object of this paper to accentuate the importance of the consideration of tuberculous adenitis of the Mesenteric Lymph-Nodes more specifically. With this end in view I have collected the cases thus treated in literature, and with my own cases, present them for your consideration.

This condition is found most frequently before puberty, especially during the first six years of life according to the statistics of Woodhead[1] and of W. S. Colman.[2]

Prof. G. Sims Woodhead[1] found tuberculous mesenteric glands in 78.7 per cent of necropsies on tuberculous children, and in 11 per cent the mesenteric was the only lesion present. W. S. Colman found them in 66 per cent of the necropsies. Dr. J. Walter Carr[3] in 54 per cent. Dr. W. P. S. Branson[4] in 22 per cent. Osler[5] says that tuberculous mesenteric glands found occasionally at post mortem, are common in children, the lesion which produced it having gotten well and disappeared. When this condition is present in adults, it is found to affect most frequently the glands of the appendix, or of the ileocecal region because, according to Dr. Corner:

1. The cecum is like the stomach, a resting place for the bowel contents in its passage.

2. The bowel contents contains a maximum number of organisms in the cecum.

3. The lymphoid tissue has its greatest development in the ileum, the cecum and especially the appendix.

Caseous or cretified lymph-nodes are not infrequently seen at appendectomies. Mesenteric lymph nodes rarely become abscessed. Theobald Smith[6] in his study of tubercle bacilli isolated from tuberculous mesenteric lymph-nodes taken from three cases of presumable food infection, found that they did not correspond to the bovine type of bacilli in any one particular, and that we must consider them as an infection with bacilli of strictly human origin. Demme[7] reports three cases of tuberculosis of intestines caused by feeding tuberculous food. Huterichs[8] reports similar cases of tuberculosis by feeding. Dr. Sidney H. C. Martin[9] fed guinea pigs with tuberculous sputum and saw infection of the mesenteric glands arise un-

*Read in the Surgical Section, Fifty-first Annual Meeting, Springfield, May, 1908.

preceded by any intestinal lesion. Colman[2] observed in nearly all cases of tuberculosis in children the most advanced tuberculous changes were found in the thoracic or mesenteric lymph-nodes often leading to their complete caseation before any tubercles could be found in the lungs or intestinal mucous membrane. Frederick Taylor[10] says that the nodes when caseated may rupture and cause peritonitis. Marsh[11] reports such cases. Dr. Pyxe Smith[12] also reports such cases. Dr. Corner[13] had a case where operation had been deferred and patient developed a general miliary tuberculosis. Dr. Branson[4] says: "Excepting only the bronchial glands caseation of the mesenteric glands is the most frequent promotor of tuberculous meningitis. The removal of these softened glands from the mesentery would remove a standing menace to life." Guthrie[14] says that in 41 cases of tuberculous peritonitis, three cases were caused by rupture of caseated mesenteris lymph-nodes. They were treated by medical means and all three came to exitus. He believes that caseous mesenteric lymph-nodes should be removed, since they are the chief source of fatal dissemination.

Colman[2] had one case which died with Addison's syndrome caused by pressure on the adrenals by large tuberculous nodes; in another case the nodes formed the chief part of an intussusception; in a third case the glands had ruptured and caused fatal peritonitis.

Rotch[15] says tuberculous peritonitis is most commonly secondary to tuberculosis of the mesenteric lymph-nodes. He has had cases make a complete recovery after removal of the caseous gland and continue well even after five and six years.

Dr. Branson[4] in the Transactions of the Royal Medical and Chirurgical Society, for 1905, says: "With regard to the diagnosis it may be almost laid down that hard movable tumors in the belly of a child which are not faecal are caseous mesenteric glands." The presence of Mesenteric Lymph-Nodes may be diagnosed by the tuberculin reaction according to Dodson.[16] The *x*-ray may prove a valuable diagnostic measure as shown in the first case reported by Dr. Corner.[13]

The symptoms in a general way are failing appetite, loss in weight and strength, colicky pains, intervals of accelerated pulse and slight increase of temperature; mucus may be present in stools with a tendency to diarrhea, rarely is blood present—symptoms of a functional nature—careful physical examination is usually negative except the finding of a movable tumor. A history of tuberculosis is noticeably absent.

A brief synopsis of the cases reported is as follows:

Dr. Collins[17] reported that a female, aged 25 years, clerk, had been complaining for 1½ years of malaise, slight acceleration of pulse and rise of temperature. She had a movable tumor size of a hen's egg 1½ inches below the umbilicus, in the middle line. The mass was removed. Intestine was resected. No drainage. Patient made a complete recovery. (She had no history of tuberculosis.)

Dr. Corner[13] reports the following cases:

Case 1. A man, age 41 years, had been ill for six months. He complained of urethral pain before, and pain in the groins after urination. The tip of the sacrum was so sensitive that he could not sit. Careful examination was negative. Several months later an X-ray picture showed a shadow opposite the third lumbar vertebra which might suggest renal calculus. Exploratory laparotomy revealed a thin atrophic appendix and in the mesentery opposite the third lumbar vertebra was found a caseous and cretified gland the size of a large walnut. Appendix was removed. The gland was incised, curretted, and obliterated with sutures. No drainage and no gut was resected. Patient made a complete recovery. He had no family or other history of tuberculosis.

Case 2. A boy, age 11 years, had a history of repeated attacks of appendicitis. There was no history of tuberculosis. He was operated upon. The lumen of appendix was obstructed. Numerous small glands were found in the mesentery of the small intestine. Appendix was excised. No drainage was used. Patient recovered.

Case 3. A boy, age 6 years, had a history of recurrent attacks of abdominal trouble without vomiting, but with jaundice. He had no history of tuberculosis. A mass, the size of a cricket ball could be felt in the region of the cecum. Operation revealed a large caseated gland with thickened walls adherent to the cecum, ascending and transverse colon. The abscess was opened and the greater part of the walls removed. The cavity extended up towards the root of the mesentery. Cavity was obliterated with silk suture. There was no bowel resected and no drainage used. Union was by first intention.

Case 4. A boy, aged 12 years, had been ill for 9 months with pains in the middle of the lower part of the abdomen. Bowels were inclined to be loose with a few streaks of blood occasionally. A tumor the size of an adult kidney could be felt in the left hypochondrium and loin. On operating the caseous glands were in part removed and in part incised and drained. No bowel was resected. Patient was improved, but still had occasional and unexplained attacks of diarrhea. There was no history of tuberculosis.

Case 5. A boy, aged 12 years, had been ill for several months with diarrhea, some signs of intussusception and some signs of meningitis. A tumor could be felt beneath the upper part of left rectus muscle. Abdomen was opened and the glands were in part excised and curretted. No drainage was used. No bowel was resected. There was no history of tuberculosis. Patient died after three weeks of tuberculous meningitis.

Dr. H. M. Sherman[18] reported the following case:

A patient with pseudo-hypertrophic muscular paralysis developed presumably intussusception. The bowels, however, yielded to enema. A rounded mass about 8 cm. in diameter could be felt in the abdomen just below the umbilicus. Operation revealed a large gland in the mesentery of the ileum close to the spine. The gland was excised with 53 cm.

of intestines. Murphy button was used. After a second operation patient got over her trouble. There was no history of tuberculosis.

Dr. R. Johnson[19] reports the following case:

A boy, 3½ years old, with a history of obstruction of the bowels for four days, was entered. He had a tumor below the left costal margin, in fact all the symptoms of intussusception except the discharge of blood or mucus from the bowels. Operation revealed several large glands from which an adhesion extended and constricted a bowel. The band was cut. Nothing more was done. Patient made a nice recovery. There was no history of tuberculosis.

Dr. Godlee[20] reports the following case:

Patient had acute intestinal obstruction with a tumor below right costal margin, evidently due to intussusception. Operation revealed a large caseous gland which by an adhesive band had obstructed. The band was severed and the gland was thoroughly scraped. Recovery was satisfactory.

Dr. Hegar[21] reports a case with a movable tumor in the hypogastrium which section proved to be a very much enlarged, cheesy and partially calcified mesenteric gland in the mesentery of the sigmoid flexure. The gland was peeled out. Patient recovered.

Rotch[15] has seen similar cases, and has seen them get well after operation.

Treves[22] had three such cases, one in an adult. One of them got well even after a single exploratory laparotomy. To this last point Dr. Branson says: "A mere laparotomy, though frequently taught to be useful in these cases, is a half measure and is not followed by success."

My own cases are as follows:

Case 1. A little girl, age 7 years, had what appeared like a typical attack of acute appendicitis. There was a history of never having been very strong, but no history of tuberculosis. Operation revealed acute appendicitis, yellow, slightly turbid fluid and numerous enlarged lymph glands. I did not examine the tubes. I removed appendix and drained several days. She recovered from the operation, but her abdomen became more distended after she left the hospital. Her temperature and pulse was one of tuberculosis. She was taken to the country. Six months later I learned that her condition was much improved.

Case 2. A man, aged 30 years, machinist, complained of stomach trouble for years. Stomach would pain after eating any kind of food. He was quite muscular notwithstanding his prolonged stomach trouble. At times his bowel movements were hard and pencil like. He had signs of hysteria and hypoaesthesias. He did not vomit. Analysis of stomach contents revealed a normal motor as well as secretory function. Examination with sigmoidoscope was negative. Examination of the rest of the body was made with great attention to detail, but everything was negative. All his former physicians had pronounced his condition functional. There was no history of tuberculosis. There was a hard

mass in right parasternal line a little beneath umbilicus. It was movable and pained only when fingers were gotten beneath it and on pulling it away from the back. Operation revealed a tumor a little larger than a chicken egg, made up of a conglomeration of partly caseous and partly cretified mesenteric lymph-nodes of the ileocecal region. The mass extended to the root of the mesentery and aorta. The conglomeration was removed in part by excision and by currettement. Mesentery was sutured with catgut. Three mesenteric vessels were injured while being dissected from the tumor. The vessels were ligated. No gut was resected. No drainage was used. Union was by first intention. Patient gained 20 pounds. Friends, however, induced patient to go west contrary to my advice.

In conclusion I wish to express my desire that the report of the above cases may arouse an increased interest in such cases.

DISCUSSION.

Dr. Walter C. G. Kirchner: Dr. Rassieur has brought out a number of very interesting points in his paper which we should bear in mind. In addition, it is well also to remember that in appendicitis, tuberculosis may be the cause, and that the correspondng glands may also be involved and should be removed.

Dr. Rassieur (in closing): I would like to accentuate one or two points brought out. Do not be misled by absence of a history of previous tuberculosis. Secondly, in the cases operated upon in America with the exception of my two, the intestines were resected. Fortunately they all got well. I, however, believe you can do just as much good by excising the gland, sewing the hole in the mesentery, and by not resecting intestines.

LITERATURE.

1. Prof. G. Sims Woodhead (Reports of the Laboratory, Royal College of Physicians of Edinburgh, 1808), cited by E. M. Corner.

2. W. S. Colman (*Brit. Med. Jl.*, Vol. II, 1893, p. 740), and cited by No. 13.

3. J. Walter Carr (Transactions of the Royal Surg. and Med. Soc., 1894, Vol. XVIII, p. 288, London), and cited by No. 13.

4. W. P. S. Branson (Transactions of the Royal Med and Surg. Soc., 1905), and cited by No. 13.

5. Osler (Practice of Medicine, 3rd Edition, p. 284).

6. Theobald Smith (*Am. Jl. Med. Sc.*, Philadelphia and New York, 1904; CXXVIII, p. 216).

7. Demme (*Jahrbuch für Heilkunde*, Vol. XXXIV, part 2 and 3).

8. Huterichs (*Münch. Arzt. Intellig. Blatt*, 1883, No. 26).

9. Sidney H. C. Martin (Allbutts System of Med., Vol. III, p. 660).

10. F. Taylor (*Brit. Med. Jl.*, Vol. II, 1893, page 734).

11. Marsh (*Brit. Med. Jl.*, 1892, Vol. I, p. 915).

12. Pye-Smith, cited by 7.
13. E. M. Corner (*Lancet,* 1905, Vol. II, p. 1825).
14. Guthrie (*Archives of Pediatrics,* 1903, p. 242).
15. Rotch (*Jl. A. M. A.,* January 10, 1903, p. 69).
16. Dodson (*Jl. A. M. A.,* Vol. 40, p. 73).
17. Collins (*Interstate Med. Jl.* (St. Louis), 1904, Vol. XI, p. 366).
18. H. M. Sherman (*California State Jl. of Med.,* 1906, Vol. 4, No. 2, p. 43).
19. R. Johnson (*The Practitioner,* 1906, Vol. LXXVI, p. 341).
20. D. Godlee (cited by 16).
21. Hegar (*Deutsche Med. Wochenschrift,* 1897, p. 716).
22. Treves (cited by 10).

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ADDRESS ALL COMMUNICATIONS TO METROPOLITAN BUILDING, ST. LOUIS, MO.

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E. J. GOODWIN, M. D., Editor.

PUBLICATION COMMITTEE:

Walter B. Dorsett, Chairman. M. B. Clopton, M. C. Shelton.

EDITORIAL

SANITARY MEASURES BEFORE THE LEGISLATURE.

We desire to call attention to some of the more important bills now pending before the Legislature.

Senate Bill, No. 149, the so-called Vital Statistics Bill, was introduced in the form prepared through the coöperation of the American Medical Association, the American Public Health Association and the Bureau of Statistics of the United States. By a concurrent resolution of the Senate and House of Representatives, Dr. J. N. McCormack, the organizer of the American Medical Association, and C. L. Wilbur, the chief statistician of the United States Bureau of the Census, have been invited to address the General Assembly upon the advantages that will accrue to the people of Missouri from the enactment of this bill.

Senate Bill No. 150 authorizes the State Board of Health to compel the attendance of witnesses and the production of books and papers. The object of this bill is to enable the State Board of Health to obtain information not obtainable under the present law, and for want of this authority many investigations have been incomplete and unsatisfactory in the past.

Senate Bill No. 151 establishes the office of the State Board of Health and of its Secretary at the capitol of the State. The department of health of our great State is too important and its records are too valuable to be without a permanent place of abode. The frequent legal

questions which arise for adjustment and for which the advice of the Attorney General's office is sought and is needed, is another reason why the State Board of Health's official home should be at Jefferson City.

When the State Board of Health will have been empowered to collect and tabulate vital statistics, these should be and will be more easy of access when deposited at the State capitol.

We request our members to write to their representatives concerning these bills. To avoid confusion we would suggest that the bills be referred to by their numbers and that the individual members of the profession as well as the organized societies put themselves into direct communication with their representatives and senators concerning these important measures.

THE AWAKENING OF PUBLIC CONSCIENCE.

The medical scientist of the present generation has placed the public under many obligations, and though the value of much of this service may not be at once recognizable, some of it cannot be ignored. The experiments which led to the extermination of yellow fever in its strongholds and the limitation of malaria to within easy control, were costly but conclusive; the investigations which showed the way of defense against the bubonic plague on our western coast—resulting in the saving of millions of lives and countless millions of treasure—and the great crusade against tuberculosis, starting under Rokitansky and Koch and carried by the medical profession into every field of activity, promising to reduce the national loss of human life by 200,000 and cut in two the loss of one billion dollars annually, are burdens too stupendous for one department of science to bear alone.

Some of the battles have been won, so completely won that we of the twentieth century know little about them—about smallpox whose scars have been wiped from the face of humanity through the great discovery of Jenner; and the study and pilgrimages which led to the knowledge of the source of Asiatic cholera and checked its savage march through Christendom. Some of these victories could have been won by the profession alone, but the education of the people to the people's needs has been a compelling power which no government could long ignore, and quarantine, vaccination, enforcement of sanitary laws, and medical inspection of schools, are all logical deductions from need and knowledge.

Many of the questions have become so great, and the solution so definite, that the medical profession must place the responsibility of

providing adequate protection against preventable diseases upon the people themselves; for the medical profession can no longer carry the burden unaided and alone. The public has been shown how to protect itself and the public must now provide means of securing this protection through legislative enactment. The present session of our legislature can do much to improve the health conditions in our State and provide forces for the reduction of the annual death rate; and with a governor already aligned with every movement that will tend toward the uplift of the people we look forward hopefully to the passage of the proposed laws for the safe-guarding of the public health.

We must from now on depend more upon the layman and the layman's vote and help. When questions of vital importance are submitted to full discussion, especially when these questions concern individual life, and health and happiness in the home and home maintenance, the average American citizen will act justly and vote right. With an aroused public and good men in places of power, the solution of some of the questions will soon be accomplished. And this leads us to remark, with much gratification, that the field of politics is no longer regarded a slough, to be shunned by all right minded and intelligent citizens, but is studded with many earnest workers—physicians, educators and business men—whose sole purpose in entering politics is to serve the State along the lines for which their life-work has fitted them.

MEDICAL NEWS AND THE DAILY PRESS.

The daily press as a purveyor of medical news could be the instrument by which the public could be enlightened in a sober manner as to the progress medicine is making on the most approved scientific lines. That the press when it so chooses does its duty nobly by the scientific spirit of medicine, has been instanced many times in the history of American journalism. Nevertheless, though through its help much knowledge has been brought before the people, its lapses from a high educative standard are frequent enough to arouse in us considerable indignation. And that we are not too critical when slight errors as regards technicalities appear in various articles, our attitude of good will attests. On the other hand, when considerable space is devoted to the exploiting of an operation that has for its purpose the sole one of filling a number of columns with garbled technical talk, veneered with sensationalism derived from the flamboyant words, "wonderful," "extraordinary," "unheard of," the high purpose of medical newspaper-news

is set at naught and another step backward in using the press as a medium to instruct the public, is effected. Of course, if papers deem it their duty to publish in the most thoughtless manner anything of a medical nature that comes to the editor's desk, their act cannot but be visited by harsh criticism, for by the very flippancy of their attitude to the gravest of all sciences they betray a disrespect that merits condemnation from the whole medical profession. And no recent instance of what a newspaper can do, when the spirit moves it to allow its columns to be used as a medium for pseudo-medical chaff, has been better evidenced than by the article which appeared in the *Globe-Democrat* some weeks ago and which purported to be a layman's description of an operation of such extraordinary qualities that even the surgeon who was the hero of the occasion refused to allow his kindly and gracious mouthpiece to drag his name into the fierce light of day. All of which may be good journalism from the editor's standpoint, but in a medical sense is a demeaning of a high art to the lowlands of a putrescent sensationalism. To expatiate on the possibilities of a well-edited newspaper as a disseminator of the right sort of medical knowledge would partake of a twice-told tale, so often has the matter been broached by all interested in the advance of general medical knowledge among the people. It can be this without any loss to its much-vaunted prestige as a newsgatherer, but such is the perversity of its head that even though at times enough seriousness enters into the conduct of his paper to preclude the printing of ineffective and sensational matter, at other times the very atmosphere of his sanctum seems to drive him to extremes when it is vitiated by too much respectability.

For some time past we have hoped for the cleanly sheet that would be above the printing of a doctor's lucubrations that no self-respecting medical journal would publish, or the hopelessly confused account of what a layman thought he saw in an operating room or in a laboratory; but though our hopes were not cast any too high to be thought other than sensible by sensible people, our many disappointments in this direction have left us stranded on a truly barren beach; and that the millenium we are looking for is in sight, as many editors of recognized dailies quite cheerfully predict when the question of the printing of only correct and scientific medical news is put to them, is an exaggeration that needs no rebuttal here, for even the best expressions of American journalism are so often guilty of leaning towards medical sensationalism in preference to learning what is really scientific medicine, and what would, if properly edited, be an uplift to the public, that to face the future with a cheer would surely be a declaration of the possession of a superabundance of optimism.

LECTURES ON ORGANIZATION TO MEDICAL STUDENTS.

President Kieffer has appointed the following physicians to give talks on medical organization to the senior students in the medical colleges in the State: Dr. Wm. G. Moore, St. Louis; Dr. Wm. F. Kuhn, St. Joseph; Dr. J. D. Griffith, Kansas City; Dr. John Duncan, Columbia. The plan was conceived by Dr. A. W. McAlester, Secretary of the State Association, and has been approved by the deans of the medical colleges.

The high importance of this step is at once apparent, for through this means we impress upon the mind of the practitioner, right at the threshold of his entry into the profession, that his influence as a physician and citizen will be greatly increased if he identifies himself at once with the representative medical society of the community in which he locates. The student who is thus started upon his career as a practitioner will rarely fail of developing to their highest usefulness all the talents that should be an inherent part of the individuality of every upright physician. The public is just beginning to understand that it is not the blatant boaster of wonderful cures accomplished who is to be trusted in time of sickness and distress, and the frequent appearance of signed articles in newspapers on ultra-medical topics will soon be understood by the laity as fully as now the profession understands them—purely and simply personal advertisements—and shun the writer. It is, therefore, the duty of the officers of the organized profession to meet these young men at the beginning of their professional career and guide them toward that plane of practice which alone will lead them to an honorable execution of the high mission they are called to fulfill.

EDITORIAL NOTES

Medical Society of the Missouri Valley at St. Joseph. The spring meeting of this society will be held at St. Joseph, Thursday and Friday, March 18 and 19, 1909, under the presidency of Dr. C. B. Hardin, of Kansas City. Dr. N. S. Davis, of Chicago, will deliver the address in medicine and Dr. H. J. Boldt, of New York City, the surgical address. The St. Joseph-Buchanan County Medical Society has appointed the following general committee to take charge of all arrangements: Drs. Jacob Geiger (chairman), W. T. Elam, O. G. Gleaves, J. H. Sampson, Chas. Wood Fassett, Daniel Morton, O. B. Campbell, C. A. Good, T. E. Potter, J. M. Bell, T. H. Doyle, C. H.

Wallace, L. A. Todd, A. R. Timerman. A fraternal excursion to Sulphur Springs, Ark., is being arranged for the members and their ladies, leaving St. Joseph immediately after the second day's session.

American Medical Association. Members of the Medical Society of the Missouri Valley and the Medical Association of the Southwest, will be interested in plans that are maturing for a joint excursion train to Atlantic City in June, to attend the annual meeting of the American Medical Association. The special train will start from St. Louis via the Big Four and C. & O. railways, stopping over at Hot Springs, Va., where the delegates will be entertained at the famous "Homestead." Special rates will be in effect, including a boat trip to New York City, and returning via Niagara Falls or Washington, D. C. By combining the forces of the two societies a special train will be secured, on which no one but doctors and their families will be permitted to ride, thus affording the maximum degree of pleasure and comfort. Later announcements will be made in this journal.

Extra-Mural Professors at University of Missouri.—Dr. Jas. M. Clemens has been appointed Extra-mural Professor of Pediatrics in the University of Missouri. Other Extra-mural Professors from St. Louis are Dr. John Duncan, Professor of Diseases of the Skin, and Dr. Sidney I. Schwab, Professor of Neurology.

Entrance Requirements to be Advanced.—The Medical Department of the Western Reserve University (Cleveland, Ohio), has voted to advance the requirements for entrance, beginning with October, 1910. After that date the requirement for unconditional entrance shall be graduation from an approved college or scientific school granting the degree of A. B., B. S., Ph. B., Litt. B., (or equivalent) following the completion of a course of at least three collegiate years.

Pay Your Dues.—Members are again reminded that the fiscal year of the State Association begins on January first, instead of April first, as in past years. Dues should be paid to the county societies at once and county secretaries should remit to the state secretary immediately thereafter.

The following articles have been accepted by the Council on Pharmacy and Chemistry:

Bismuth and Lithium Citrate (Burroughs Wellcome & Co.).
Colchi-Methyl Capsules (Wampole & Co.).
Syrup Ammonium Hypophosphites (R. W. Gardner).

PERSONAL AND NEWS NOTES

Dr. J. A. Waterman, of Breckenridge, has been appointed prison physician at the state penitentiary.

The Third Congress of the American School Hygiene Association will be held in Chicago, February 22-25, in conjunction with the meeting of school superintendents of the American Educators Association. Among the important papers that will be read are the following: "The Status of Instruction in Hygiene in the Schools and Colleges of America," by Luther H. Gulick, M. D.; "School Hygiene and Efficiency," by Willard S. Small, Ph. D.; "School Hygiene and Community Health," by Jessie Benton Montgomery; "Relation of Physical Defects to Retardation," by Leonard Ayres; "A Plea for the Systematic Annual and Universal Examination of School Children's Eyes, Noses and Throats," by Frank Allport, M. D.; "Status of Medical Inspection Throughout the United States," by John J. Cronin, M. D.; "The Health of Teachers," by Willard S. Small, Ph. D.

Medico-Legal Society.—The final organization of the St. Louis Medico-Legal Society was effected on the evening of Friday, February 15 The membership comprises thirty of the representative physicians and lawyers and this number will be added to from time to time. The Society was organized for the purpose of developing more effective measures as applied to medico-legal aspects of civic affairs,—such as improvement in the system of conducting coroner's inquests, the testimony of medical experts, etc. The officers of the Society are: President, A. N. Sager, Esq.; vice-president, Dr. N. B. Carson; secretary, Dr. Henry J. Scherck; treasurer, Loomis Johnson, Esq.

Warrants Issued for the Arrest of Three Doctors.—The city attorney of Kansas City has issued warrants for the arrest of Drs. George Schmitt, James A. Hughson and Benjamin Page, said to comprise the firm of the Myers Medical Company, in Kansas City. The officers were unable to locate the men at the offices of the company and their whereabouts is unknown. These warrants are the result of the crusade against the illegal sale of cocaine in Kansas City. Much of the information on which the warrants were based was furnished by Harrison Webber, who conducted the drug store in the building in which the Myers Medical Company had its offices. It is said that the Myers

Medical Company owned the drug store and paid Webber a salary to conduct it. City Attorney Langsdale says he has enough evidence against Webber to assess a fine of $9,000. A unique feature of the crusade is the willingness of the habitués themselves to assist the city attorney in his fight against the illegal sale of cocaine.

Centenary of the Birth of Dr. George Engelmann.—The Academy of Science (St. Louis) celebrated the one-hundredth anniversary of the birth of Dr. George Engelmann, the first president of the Academy, on February 2nd.

Dr. Engelmann was born at Frankfort-on-the-Main, February 2, 1809. After completing his studies at Heidelberg, Berlin and Würzburg, he came to the United States in 1832 and in 1835 began the practice of medicine in St. Louis. Although the practice of medicine engaged the greater part of his time, he nevertheless found time to exercise his undeniable talents as a botanist. And that he succeeded as well as he did, considering the obstacles with which he had to contend—obstacles peculiar to a somewhat new and scientifically undeveloped community—attests to his mental virility and his unquenchable perseverance. Before long his writings were known not only in his native town, but throughout the whole country and even abroad. In fact, at the time of his greatest activity he ranked head and shoulders above any botanist in the United States. His greatest claim to fame in his chosen specialty was his work on the American cactus and his writings upon this subject have been accepted as authoritative by American and European botanists.

Applicants to Practice Medicine who took the examination in Kansas City, Missouri, November 23, 24, 25, 1908, with the names of colleges, date of graduation, with the number that passed and those that failed from each college:

Name of College.	Date of Graduation.	Grade.	Passed.	Failed
American Medical College	1908	70	..	1
American Medical College	1906	63	..	1
Hahnemann Medical College, Chicago	1906	79	1	..
Hahnemann Medical College, Chicago	1903	76	1	..
St. Louis College of P. & S.	1907	56	..	1
St. Louis College of P. & S.	1906	64	..	1
St. Louis College of P. & S.	1908	68	..	1
St. Louis College of P. & S.	1908	57	..	1
St. Louis College of P. & S.	1908	68	..	1
St. Louis College of P. & S.	1907	70	..	1
University Medical College, Kansas City	1908	61	..	1
University Medical College, Kansas City	1908	50	..	1
University Medical College, Kansas City	1908	75	1	..
Washington University, St. Louis	1908	67	..	1
Washington University, St. Louis	1908	78	1	..
Washington University, St. Louis	1908	69	..	1
Washington University, St. Louis	1906	75	1	..
Johns Hopkins University, Baltimore, Md.	1906	79	1	..
University of Kansas, Lawrence, Kansas	1908	75	1	..

Name of College.	Date of Graduation.	Grade.	Passed.	Failed
Hahnemann Medical College, Kansas City....	1908	66	..	1
Hahnemann Medical College, Kansas City....	1908	76	1	..
Hahnemann Medical College, Kansas City....	1908	75	1	..
Arkansas University, Little Rock, Arkansas..	1908	69	..	1
St. Louis University, St. Louis.....	1908	77	1	..
St. Louis University, St. Louis.....	1908	76	1	..
St. Louis University, St. Louis.....	1908	75	1	..
Homeopathic Med. Col. of Missouri, St. Louis..	1908	75	1	..
University Medical College, St. Joseph.....	1908	56	..	1
Kentucky School of Medicine, Louisville, Ky..	1908	75	1	..
University of Pennsylvania, Philadelphia, Pa..	1903	80	1	..
University of Louisville, Louisville, Ky.....	1907	75	1	..
Baltimore Medical College, Baltimore, Md....	1908	80	1	..
Barnes Medical College, St. Louis.....	1907	70	..	1
John A. Creighton Med. College, Omaha, Neb..	1908	69	..	1
University of Palermo, Italy.....	1893	75	1	..
Keokuk Medical College, Iowa.....	1908	75	1	..
Woman's Medical College, Philadelphia.....	1907	88	1	..
Lincoln Medical College, Lincoln, Neb.....	1907	55	..	1
Meharry Medical College, Nashville, Tenn....	1908	75	1	..
Meharry Medical College, Nashville, Tenn....	1908	75	1	..
Meharry Medical College, Nashville, Tenn....	1908	66	..	1
Meharry Medical College, Nashville, Tenn....	1907	66	..	1
Rush Medical College, Chicago.....	1901	84	1	..
Western Reserve Med. Col., Cleveland, O....	1907	81	1	..
Marion-Sims-Beaumont, St. Louis.....	1906	75	1	..
University Medical College, Kansas City.....	1908	60	..	1

CHANGES OF ADDRESS.

Dr. O. A. Bandel, from 2004 St. Joseph avenue, to 1224 N. Third street, St. Joseph.

Dr. E. C. Bennett, from Bolckow, Mo., to 1148 Eleventh street, Boulder, Colo.

Dr. Benj. Davis, Jr., from Albany, Mo., to Cushing, Okla.

Dr. Harry W. Dickerson, from 3848 Cook avenue, St. Louis, to 809 Moffit avenue, Joplin, Mo.

Dr. C. H. Dixon, from Holliday, Mo., to Fulton, Mo.

Dr. J. W. Eatherton, from Eureka, Mo., to Lakewood, New Mexico.

Dr. E. E. Evans, from Koshkonong, Mo., to West Plains, Mo.

Dr. F. B. Fuson, from Mansfield, Mo., to Springfield, Mo.

Dr. A. H. Hamel, from De Soto, Mo., to 3519 Arsenal street, St. Louis.

Dr. G. W. Hawkins, from Triplett, Mo., to Salisbury, Mo.

Dr. Max W. Jacobs, from 3000 Olive street, to 353 Century Bldg., St. Louis.

Dr. B. C. Kern, from 5800 Arsenal St., St. Louis, to Mogollon, New Mexico.

Ned O. Lewis, from 14th and Grand avenue, to 602 Commerce Building, Kansas City, Mo.

Dr. R. E. Maupin, from Shelbyville, Mo., to Dwight, Ill., care Keeley Institute.

Dr. C. A. Mitchell, from Blythedale, Mo., to Las Cruces, New Mexico.

Dr. O. L. Peak, from 1862 N. Bl., to 540 E. Commercial street, Springfield.

Dr. J. M. Roberts, from Green City, Mo., to Ewing, Mo.

Dr. Frank M. Rumbold, from Century Building, St. Louis, to Jefferson City, Mo.

Dr. B. B. Simmons, from Oregon, Mo., to 720½ Felix St., St. Joseph, Mo.

Dr. R. W. Smart, from Marionville, Mo., to Crane, Mo.

Dr. James Stewart, 4869 Page avenue, to 4740 Washington Bl., St. Louis.

Dr. E. E. Whiteside, from Belleflower, Mo., to River Aux Vases, Mo.

Dr. J. B. Willis, from Weston, Mo., to Platte City, Mo.

OBITUARY

WILFRED L. BAKER, M. D.

Dr. Wilfred L. Baker died at his home in Salisbury, Mo., on Saturday, the 9th day of January, 1909, of la grippe complicated with acute parenchymatous tonsillitis. He was the son of Dr. J. H. P. Baker, a prominent physician of Salisbury, Mo., with whom he was associated in the practice of medicine and surgery at the time of his death. He was thirty-four years old, and was graduated from the University Medical College, Kansas City, Mo., in 1903. After his graduation, he practiced for a short time at Dalton, Mo., and then he moved to Salisbury, where he located and practiced medicine up to the time of his death. Dr. Baker had the advantage of a good literary training, having attended the best schools and graduating at William Jewell College in 1900. He was a member of the order of Elks, Knights of Pythias and Modern Woodmen. He was a young man of fine social qualities and was highly esteemed for his many good qualities of heart and head; and had he lived, he would have fulfilled the fondest ambitions and hopes of his parents and friends, who to-day are sad and sorrowing. He was especially a favorite among the young people. By previous education, and naturally of an amiable disposition, he was well fitted for the duties of his noble profession, and at the time of his death had built up a lucrative practice. He was a member of our County and State Medical Associations, was strictly ethical in all his intercourse with his professional brethren and was an adherent to the "old code" we all love so well. Dr. Baker gave promise of a useful life and to some his death may appear untimely, but God knows best; "for now we see through a glass darkly but then, face to face; now I know in part, but then shall I know even as also I am known." He was buried in the old family burying ground at Clifton Hill, Mo., by the Knights of Pythias, and a large congregation assembled to pay the last tribute of respect to the departed.

At a regular meeting of the Chariton County Medical Society, held in Salisbury, January 14th, 1909, the following resolutions were unanimously adopted:

Whereas: The golden chain that binds our membership is broken and there is now a vacant chair, it having pleased the Heavenly Father to remove from our midst our well beloved professional brother, Dr. Wilfred L. Baker, and

Whereas: Dr. Baker was a faithful and loyal member of our Society, and was always prompt in the discharge of all his professional duties, whether on the scientific program or at the bedside of his patients, therefore be it

Resolved; That in the death of Dr. Baker we have lost a valued and useful member, one who will be sadly missed in our councils and deliberations;

Resolved; That the Society tender its heartfelt sympathies to the bereaved parents and relatives of our deceased brother in this their affliction. May the kind good Spirit, whose tender mercies fall as the dews of heaven, be the God, the hope, and ever present trust of his bereaved parents and relatives.

Resolved; That a copy of these resolutions be presented to the parents of our deceased brother, offered to the STATE MEDICAL JOURNAL for publication, and spread upon the minutes of this Society.

C. A. JENNINGS,
J. FRANKLIN WELCH,
J. D. BRUMMALL,
Committee.

COUNTY SOCIETY NOTES.

BUTLER COUNTY MEDICAL SOCIETY.

The Butler County Medical Society met January 4th, 1909, at their rooms in the court house in Poplar Bluff. There was a full attendance and the installation of officers was as follows: President, Dr. A. Windsor; vice-president, Dr. J. Mott; secretary, Dr. W. F. S. Taylor; treasurer, Dr. D. F. Eskew; delegate, Dr. J. J. Norwine; reporter, Dr. J. J. Norwine.

The meeting was addressed by Dr. B. C. Jones, Deputy Food Inspector. He spoke at some length, bringing out some important facts as to shortage and adulteration of food products.

The Society voted to continue the post-graduate course of study as arranged by Dr. John H. Blackburn, and adopted the following program for February:

First Monday: Anatomy and Physiology of Joints, by Dr. H. W. Davidson. Second Monday: Pathological Classification of Diseases of Hinge Joints, by Dr. J. J. Norwine. Third Monday: Treatment of Joints, by Dr. A. Windsor. Fourth Monday: Diseases of Hip Joints, by Dr. I. W. Seybold. A quiz club has been selected for each meeting, and the quiz will be followed by a general discussion.

All dues will be paid by April 1st. Much interest is being manifested by the members and there is a good attendance at every meeting. —J. J. Norwine, M. D., Reporter.

CAPE GIRARDEAU COUNTY MEDICAL SOCIETY.

The Cape Girardeau County Medical Society met in Jackson, January 11, with eight members present.

The secretary reported that twenty-five men had paid their dues for 1909 and held receipts from Dr. McAlester for the same.

The report of the committee on membership was read and approved and on motion it was decided that the secretary have it printed and mailed to all physicians in the county.

The following program was rendered:

"Smallpox," by Dr. Vinyard. Dr. Vinyard gave an interesting talk as to the history and characteristics of the disease.

"Varicella," by Dr. Hays. The doctor's paper covered the subject very thoroughly. Both papers created good discussion.

Vaccination was also a subject of interest and general discussion.

The following resolutions, which were passed some time ago, were again brought up and on motion the secretary was authorized to send copies to newspapers:

> Resolved, that this Society considers unethical the appearance of a practitioner's name in connection with any case published as a news article, and any doctor whose name so appears should be as-

sumed guilty of the indecorum of advertising. The press has been requested in reporting a case to withhold the name of the attending physician until his consent to its use shall have been obtained.

On motion the Society adjourned to meet at Cape Girardeau, February 8th.—E. H. G. Wilson, M. D., Secretary.

CARTER-SHANNON COUNTY MEDICAL SOCIETY.

The Carter-Shannon County Medical Society met at Fremont, January 6th, with the president, Dr. Wm. Fulton, in the chair. After disposing of the routine work, the active work of the Society was commenced by Dr. P. D. Gum, of Birchtree, who introduced the subject of scarlet fever, and gave his experience with this severe malady of childhood. The doctor has had quite a number of cases in his vicinity, the epidemic being just now practically wiped out, by careful quarantine measures and appropriate treatment. What seemed strange to the doctor was the few cases of nephritis, there being but one or two in the dozen and a half cases treated. The subject was thoroughly discussed by the doctors present.

The subject of true croup was introduced by Dr. T. W. Cotton, of Van Buren, and was thoroughly discussed by the Society, many important points being elicited. The doctor had been successful in intubating a number of cases, and illustrated one or two very important points in accomplishing this very difficult task. Dr. Wm. Fulton gave his experience along this line, and while he had been quite successful in his work, he felt that some experience was necessary before a physician could become an adept.

An unusual case of threatened miscarriage was reported by Dr. J. A. Chilton, resulting in a consensus of opinion among the physicians present, that the condition was that of a placenta previa, with arrest of the growth of the fetus. The case is under observation, and the developments will be noted with considerable interest.

Among other subjects discussed were "Cuban" Itch, or an unusual and persistent form of scabies,—"Gonorrhœa," "Perineal Lacerations," etc.

The election of officers resulted in re-election of the old officers, viz: Dr. Wm. Fulton, president; Dr. J. A. Chilton, secretary, for another year. Every one enjoyed the meeting and pronounced it an entire success.—J. A. Chilton, M. D., Secretary.

DAVIESS COUNTY MEDICAL SOCIETY.

The Daviess County Medical Society held its regular quarterly meeting at Gallatin, January 12th. There was a good attendance of the members. No papers being presented the election of officers was the only business of importance. The following officers were elected: Dr. N. M. Wetzel, president; Dr. L. R. Doolin, vice-president; Dr. M. A. Smith, secretary-treasurer; Dr. W. L. Brosius, delegate; Dr. M. A. Smith, reporter.

Several cases of interest were reported and discussed at length. The members of this Society are showing greater interest than ever before and we hope to have better meetings this year.—M. A. Smith, M. D., Reporter.

HOLT COUNTY MEDICAL SOCIETY.

The Holt County Medical Society met at Forest City, January 7. This was the first annual meeting and officers were elected for the ensuing year.

The election of officers resulted as follows: President, Dr. John M. Tracey; vice-president, Dr. B. T. Quigley; secretary, Dr. J. F. Chandler; treasurer, Dr. C. L. Evans. The retiring president, Dr. F. E. Bullock, was elected delegate; Dr. J. M. Davis, alternate, and Dr. J. F. Chandler, substitute alternate.

After the election of officers the scientific part of the program was taken up. Dr. Quigley led with the report of a very interesting case of cerebral affection, supposed to originate from infection through the gastrointestinal tract.

Dr. W. H. Minton, of St. Joseph, was present and read a paper on "Ocular Manifestation of Systemic Diseases."

There was a good attendance and much enthusiasm was shown in the proceedings of the evening and the general work of the Society.

The next meeting will be held at Craig, March 4th.—J. F. CHANDLER, M. D., Secretary.

LACLEDE COUNTY MEDICAL SOCIETY.

The Laclede County Medical Society met in regular session at Lebanon, Monday, January 11, 1909.

A committee was appointed to arrange plans for taking up the post-graduate course of study.

The treasurer made a report of the financial condition of the Society.

The following officers were elected for the year 1909: President, Dr. T. B. Herbert, Lebanon; vice-president, Dr. Jno. B. Atchley, Brice; secretary, Dr. S. A. Casey, Lebanon; treasurer, Dr. J. A. McComb, Lebanon.

The Society adjourned to meet at Lebanon, Monday, April 12th, 1909.—S. A. CASEY, M. D., Secretary.

LIVINGSTON COUNTY MEDICAL SOCIETY.

The Livingston County Medical Society met in regular session at Chillicothe, January 13th, 1909.

The following officers were elected for the year: Dr. W. M. Girdner, president; L. E. Tracy, vice-president; W. N. Stevens, treasurer; J. C. Shelton, secretary; H. M. Grace, delegate; J. C. Shelton, alternate.

Dr. W. M. Girdner read a paper prepared by Dr. Jas. C. Minor, Dr. Minor being unable to be present, entitled "The Importance of Early Attention in All Cases of Rectal Diseases."

The paper was freely discussed by a number present, and was thought of sufficient importance to request its publication in the JOURNAL.

Dr. H. M. Grace read a very interesting paper on "Membranous Croup," he advancing the idea that it was laryngeal diphtheria in all instances and should be treated as such, that is, with antitoxin, and probably with larger doses than of the faucial infection. The paper brought forth a vigorous discussion, all present taking part.

The Society adjourned, all feeling they had held a profitable session.—J. C. SHELTON, M. D., Secretary.

MARION COUNTY MEDICAL SOCIETY.

At the meeting of the Marion County Medical Society, February 9th, the following members were elected to office for 1909: President, Dr. J. J. Farrell; vice-president, Dr. E. H. Bounds; secretary-treasurer, Dr. H. L. Banks; reporter, Dr. I. E. Hill; member board censors for three years, Dr. C. E. Paxon.

Dr. Farrell reported several cases of children suffering from a disease, with an eruption, very much like that of scarlet fever. There was considerable fever for a few days but owing to the absence of throat symptoms, he was somewhat inclined to the belief that it was the fourth disease, described by Duke of London. The cases were apparently not contagious, for the second case did not appear in any one family of children. Others present thought the disease a mild form of scarlet fever.

Dr. E. H. Bounds reported a case of alcoholism the interesting part of which was a slow pulse, ranging from 27 to 35 per minute.

Dr. J. C. Chilton reported the case of a man past 40 years of age who had developed a rather severe headache and in about 24 hours had become unconscious, with some rise of temperature and slight spastic paralysis of left arm. No variation of pupils. Unconsciousness continued and death resulted on the sixth day of illness. Slight rise of temperature for about 36 hours preceding death. There was a history of fall as the patient jumped from a train about three months prior to illness, falling on face and head. He was dazed for a time but did not receive medical attention. History of syphilis about 15 years ago. Post mortem revealed a large clot of blood with pus and serum covering nearly all of the right side of the brain. There was also a history of suppurative middle ear disease during childhood (right side) but no recurrence in adult life.

Dr. I. E. Hill read a very interesting paper on "Epigastric Pain as a Symptom."

Dr. R. M. Winn, who has recently located in Hannibal, was received as a member by transfer from Ralls County Medical Society.—H. L. BANKS, M. D., Secretary.

PIKE COUNTY MEDICAL SOCIETY.

The Pike County Medical Society met at Clarksville, February 1, 1909, and the following officers for the year 1909 were elected: President, Dr. J. E. Bankhead, Clarksville; first vice-president, Dr. M. D. Biggs, Bowling Green; second vice-president, Dr. J. D. Davis, Louisiana; third vice-president, Dr. D. M. Pearson, Louisiana; secretary, Dr. C. L. Bankhead, Paynesville; assistant secretary, Dr. W. J. Davis, Louisiana; treasurer, Dr. T. Guy Hetherlin, Louisiana.—T. GUY HETHERLIN, M. D., Secretary pro tem.

RAY COUNTY MEDICAL SOCIETY.

The Ray County Medical Society held its regular session in Dr. Green's office at Richmond, January 20th. The following members were present: Drs. C. B. Shotwell, L. D. Green, Jas. W. Smith, E. F. Higdon, E. T. McGaugh and Robert Sevier, E. W. Rentfro.

On motion the Society accepted the invitation of Dr. Green to meet in his office during the year.

On motion Dr. Hermon S. Major was selected to prepare a paper to be read at the annual meeting of the State Medical Association at Jefferson City, in May.

The Society endorsed Dr. E. W. Rentfro, of Rayville, as a member of the State Board of Health.

Dr. C. B. Shotwell read a paper on "Differential Diagnosis Between Follicular Tonsillitis, Diphtheria and Membranous Croup." Dr. E. T. McGaugh read a paper on "Scarlet Fever." Dr. Jas. W. Smith read a paper on "Prognosis and Treatment of Lobar Pneumonia." All these papers were thoroughly discussed by the members present. Dr. Robert Sheetz was on the program for a paper on "Broncho-Pneumonia," but being unable to attend the meeting, he sent his paper to the Society. On motion Dr. Sheetz's paper was placed on the program for the next meeting so that the doctor might be present to read his paper.

The program for the next meeting, March 17th, was read, after which the Society adjourned.—ROBERT SEVIER, M. D., Secretary pro tem.

SCHUYLER COUNTY MEDICAL SOCIETY.

The Schuyler County Medical Society held its regular meeting in Lancaster, with the president, Dr. E. R. Mitchell, in the chair.

Dr. A. J. Drake presented his application for membership and was elected a member of our Society.

Election of officers for 1909 resulted as follows: President, Dr. J. B. Bridges, Downing; vice-president, Dr. A. J. Drake, Downing; secretary-treasurer, Dr. H. E. Gerwig, Downing; delegate, Dr. E. L. Mitchell; alternate, Dr. H. E. Gerwig.

Quite a number of cases were discussed and the meeting proved to be a very interesting one. The attendance was small on account of bad weather.

Drs. W. H. Zeber, A. J. Drake and W. F. Mitchell were put on the program to read papers at our next regular meeting, April 13th, 1909.—H. E. GERWIG, M. D., Secretary.

ST. JOSEPH-BUCHANAN COUNTY MEDICAL SOCIETY.

At the regular meeting, January 13, the newly-elected president, Dr. Jno. M. Doyle, was installed, and the work for the new year outlined. Plans were discussed looking to the improvement of the scientific work of the Society, as well as to the development of the social conditions.

Dr. W. E. McKinley read an entertaining paper on "The Child; What of Its Future?" in which he dealt with the responsibilities of parents and physicians, as well as with the duties of teachers and guardians. The paper was discussed by Drs. Woodson, Forgrave, Long, and Campbell.

The retiring president's address dealt with the progress of medicine and surgery in St. Joseph, and criticised the lack of specialism in the city; Dr. Forgrave stated that there were no real specialists in the city, aside from the eye and ear men, and a neurologist, and pointed out the proper means of improvement.

The secretary presented his annual report, reviewing the work of the past year, and urging that more interest be taken by the members, with a view to increasing the attendance and improving the scientific work.

The president's address and the secretary's report were received, and a vote of thanks extended to these officers for their services during the past year.

The applications of Drs. J. J. Wisser, G. R. Stevenson, and W. J. Shelton, were read and referred to the censors.

The president appointed the following standing committees for the year:

Public Health and Legislation: P. I. Leonard, Chas. Wood Fassett, W. B. Deffenbaugh, H. S. Forgrave.

Program: Chas. Wood Fassett, D. L. Humfreville, L. A. Todd, J. H. McCoy.

Executive: T. E. Potter, C. H. Wallace, J. W. Heddens, J. I. Byrne.

Tuberculosis: E. S. Ballard, J. K. P. Bowen, A. B. McGlothlan, Chas. Wood Fassett, A. R. Timerman, Chas. G. Geiger, Herbert Lee, E. H. Bullock, J. M. Bell, F. A. Ladd, F. H. Spencer.—C. W. FASSETT, M. D., Secretary.

BOOK REVIEWS

PROGRESSIVE MEDICINE, Vol. IV, December, 1908. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 333 pages, with 26 engravings and 2 colored plates. Per annum, in four paper-bound volumes, containing over 1,200 pages, $6.00 net; in cloth, $9.00 net. Lea & Febiger, Publishers, Philadelphia and New York.

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NOTES.

"A KNIGHT ERRANT IN BROADWAY" is the story of a certain Englishman's perfidy when he took root in Wall Street. This is only incidental, however, to the central characters, a bonny English girl of mettle and a young American who has red blood enough to rise above his early environments, which threaten to suck him down The story is full of action in present-day affairs and quite characteristic of Mr. Holland's best style.